MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12942

CERTIFICATE OF DEATH

12951

| 1. PLACE OF DEATH | | |
|---|---|---|
| o. COUNTY ST. MARY S MARYLAND | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE b. COUNTY MARYLAND b. COUNTY MAR | |
| b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give | nearest town) |
| write RURAL ond give neorest town) PATUXENT RIVER 22 DAYS | LEXINGTON PARK | 18-1 |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) | d. STREET ADDRESS | e. IS RESIDENCE |
| STATION HOSPITAL | RT #1, BOX 154 | ON A FARM? YES NO 2 |
| NAME OF First Middle DECEASED (Type or print) ALICIA ANN A | Lost 4. DATE Month OF SEPT DEATH LOST OF SEPT | Doy Year 18 19 67 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH P. AUG. 26, 1967 9. AGE (In years lost birthdoy) Wonths yrs. | YEAR IF UNDER 24 HRS. Days Hours Min. |
| 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT 10b. KINO OF BUSINESS OR INDUSTRY | | IZEN OF WHAT |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| JAMES A. ANDERSON | Emily Lorine Caughorn | |
| | INFORMANT Address | |
| (Yes, no, or unknown) (If yes give wor or dotes of service) NONE MC | OTHER SAME AS #2 | |
| 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDIAC ARREST | | INTERVAL BETWEEN ONSET ANO OEATH |
| Conditions if any which cause a DUE TO VOMITTING WITH DEL | HYDRATION | 36 HOURS |
| rise to immediate couse (o), storting the underlying couse lost. (b) DUE TO (c) MENINGOMYELOCOELI | BIRTH TO 18 SEP 67 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | | 19. WAS AUTOPSY PERFORMED? YES NO |
| GR CONTRIBUTING CAUSE OF DEATH | (Enter noture of injury in Port t or Port II of item 18.) | |
| | ACE OF INJURY (Home, Iorm, tory, street, office bldg., etc.) 20f. (City or town) (Cou | nty) (Stote) |
| 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 18 SEP 1967, and that | 17 SEP , 19 67 to 18 SEP , 19 61 to death occurred at 0305 M, fram causes and on the | 7, that (I) (we) last e date stated above. |
| 220. SIGNATURE COUR M. | ATTENDING MEO. STAFF | TE SIGNEO |
| 22c PHYSICIAN'S/ NAME (Type) James R. ABEL | Same as #1. | |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR | | (County) (Stote) |
| DEMOVAL (Specific) | WATTOWAT, CEM ADITHOMOM STREET | TNTA |
| REMOVAL (Specify) DURIAL 9/21/67 ARLINGTON I ADDRESS ADDRESS | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI | GNATURE |
| REMOVAL (Specify) BURIAL 9/21/67 ARLINGTON 1 | | GNATURE |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

Mark The Mark Town Committee to ALCOHOLD PRINT TO THE in common and a ware Charles and the same of the sa

14443

12943 FOR STATE HEALTH DEPT my delay is and 3 to PM3. Page State Department of the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with Form This certificate shauld be executed within 24 hours after death. If in pencil in Item 18. Give Pages 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the yealth priar to burial, cremation, or removal, and in any event within 72 hours after death. necessary, please execute the certificate, writing the ward "pending" TO DEPUTY MESTCAL EXAMINER:

| o. COUNTY | ST. MARY'S | | MARYLA | O STATE | NCE (Where deceosed lived, if institution b. CO | |
|---|---|----------------------------|-----------------------------|---|---|---|
| | VN (If outside corporate limit: . and give nearest tawn) | s, | c. LENGTH OF STAY IN | 1b c. CITY DR TDWN | (If autside corporate limits, write R | URAL ond give neorest town) |
| VALLE | Y LEE | | LIFE | | EY LEE | 16-1 |
| d. NAME DF HO | SPITAL DR INSTITUTION (If no | ot in hospital, g | give street address) | d. STREET ADDRE | SS | e. IS RESIDENCE DN A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | BARB | rst ARA | Middle | DAILEY | 4. DATE MO OF DEATH SEPTEME | Doy Year 30. 19 67 |
| S. SEX | 6. CDLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE DF BIRTH | 9. AGE (In years lost birthdoy) | Months Doys Hours Min. |
| FEMALE | COLORED | WIDOWED | DIVORCED | MARCH 18. | 1967 yrs. | 6 12 |
| | TION (Give kind af work done king life, even if retired) | | ND OF BUSINESS OR DUSTRY | | (Stote or foreign country) MARY LANG | 12 CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAM | NE . | | | 14. MOTHER'S MA | AIDEN NAME | |
| EUGEN | E DAILEY | | | MA | RY CATHERINE GRE | EENWEEL |
| 1S. WAS DECEASED | DEVER IN U.S ARMED FORCES? wn) (If yes give wor or dotes of | | SOCIAL SECURITY NO. | 17. INFORMANT | | dress |
| (103, 110, 01 011, 110) | with the same was as acres of | 71 3014100) | | FATHER | BAME AB # 2 A | BOYE |
| rise to imme stoting the u last. | IMMEDIATE CAUSE DUE ony, which gove diote cause (a), anderlying couse R SIGNIFICANT CONDITIONS C | TD (b)TO (c) | TO DEATH BUT NOT RELA | FED TO THE TERMINAL DISEA | ASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| ATION | | | | grane in the | | PERFORMED? YES NO |
| CALISE DE DEA | or CONTRIBUTING | 20b. DE | SCRIBE HOW INJURY OCC | URRED. (Enter noture of in | ury in Port I or Part II of item 18.) | |
| 20c. TIME OF Hour | INJURY Month, Doy, Yeor r o.m. 19 | 20d II While ot worl | Not While | 20e. PLACE DF INJURY (Hom foctory, street, office bld | | (County) (Stote) |
| 21. I ce | rtify that I took charg | e of the ren | moins described abo | ove, held on Autapsy | X, Inspection , In | quiry , and in my apinion |
| deoth re | esulted fram: Noture | al causes 🕽 | (), Accident [], | Suicide , Hon | nicide, Undetermined | manner 🗌 |
| ACTIVAL | 7,0 | 1 | 1 | CHIEF M | EDICAL EXAMINER | |
| SIGNATURE _ | MX | 159 | 1 MD | M.D. | NT MEDICAL EXAMINER | 22. DATE SIGNED |
| EXAMINER'S | Wassass | D Par | MD | | MEDICAL EXAMINER (Street either town or county) | Optober 1 67 |
| NAME (Type) | | | 23c. NAME OF CEMET | | (Street, city, town, or county) 23d. LOCATION (City ar | OCTOBER 1,67 Tawn) (County) (State) |
| 230. BURIAL, CREN REMOVAL (Sp. | | EKEUF | Zac. NAME OF CEMEL | LKI DK CKEMAIDKI | 230. LUCATION (CITY OF | Tawn) (County) (State) |
| | ecity) | 1067 | Denves | C | Manager 1 - | On Manufa Ma |
| 24. FUNERAL DIR | | 1967 | BETHEBDA | CEMETERY | VALLEY LES | E, ST. MARY 8, MD. |

VR A15ME (5)

8 7. A . T ST. LARY S YALLIY L VALLEY USE 2313 BARBARA NUM DAMLEY SEPTEMBER 30.

Mance to, 1 67 STIME COLORED

ARYKAND U.S.A.

Januari Bulantas Yan

FATHIR LAWE AS R 2 ABOVE

(1108)

YEST DISCU

VIELIAM D. SOYS P. D.

17,1 9 0000

OUBLAL DET. S. 1957 BETHEBOA CEMETERS VALLEY LEE, BT. VARY'S, Mr.

N. CLARKE MATTIVELLY LONG ROTCHN, WARYEANS

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| П | | 1234 | 4 | WEL | JICAL EXAM | MINEK,2 | CERTIFICATE O | IF DEATH | 1295% |
|---|---------------|---|--|-----------------------|--------------------------------------|--------------|---|---|---|
| | | PLACE OF DEATH o. COUNTY | ST. MARY S | | | MARYLAND | 2. USUAL RESIDENCE (* o. STATE MARYL | Where deceosed lived, if institution: b. COUNTY | Residence before odmission) ST. MARY 8 |
| | 1 | b. CITY OR TOWN (write RURAL and LEONARDT | If outside corporote limits d give nearest tawn) OWN | i, | c. LENGTH OF S | | c. CITY OR TOWN (IF OU | itside corporote limits, write RURAL o | and give neorest town) |
| 9 | (| | AL OR INSTITUTION (If no | | | 5) | d. STREET ADDRESS | 0 | e. IS RESIDENCE ON A FARM? |
| | | | . MARY S H | | | | RT.2 GOLDE | | YES NO X |
|) | | NAME OF DECEASED (Type or print) | CHARL | E8 | LEROY | Doo | Lost | 4. DATE Month OF DEATH SEPTEMBE | |
| | S. S | | 6. COLOR OR RACE WHITE | 7. MARRIED WIDOWED | | RRIED | B. DATE OF BIRTH Nov. 27, 1906 | lost hirthdox) Me | UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min. |
| | 10o. duri | USUAL OCCUPATION | (Give kind of work done life, even if retired) | | KIND OF BUSINESS (INDUSTRY | OR | 11. BIRTHPLACE (Stote | or foreign country) WEST VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? |
| | 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | | |
| | | Ros | ERT L. DOOL | EY. | | | STEL | LA C. BOSTIC | 10 |
| | IS. (Ye | WAS DECEASED EVE s, no, or unknown) No | R IN U.S. ARMED FORCES? (If yes give wor or dotes o | (convice) | . social security in 1878–10–84 | | informant v. Doole | v (Wife) 3712- | Andover Place S |
| | | PART I. DEA | EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE | | | lia | arryth | | INTERVAL BETWEEN ONSET AND DEATH |
| | | Conditions, if ony rise to immediat stating the under | e couse (o), | (b) | art | erio | sclerati | E H D | 2 years |
| 1 | NC | PART II. OTHER SI | GNIFICANT CONDITIONS CO | (c)ONTRIBUTING | TO DEATH BUT NO | T RELATED TO | THE TERMINAL DISEASE CON | NDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? |
| 1 | CERTIFICATION | 200 EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH. | | 20b. D | ESCRIBE HOW INJUI | RY OCCURRED. | (Enter noture of injury in | Port I or Part II of item 18.) | YES NO |
| | MEDICAL | 20c. TIME OF INJU Hour o.r p.r | JRY Month, Day, Yeor n. 19 | While | INJURY OCCURRED e Not While of work | | CE OF INJURY (Home, farm tory, street, office bldg., etc.) | | (County) (State) |
| | | 21. I certif | y that I taak charge | af the re | mains describe | d abave, he | eld an Autapsy 🔲, | Inspection 🔀 , Inquiry | and in my apinian |
| | | death result | ted fram: Natura | causes [| X, Accident | , Suic | ide 🔲, Hamicide | | er 🗌 |
| | | ACTUAL SIGNATURE | alles | 31/2 | 20 | | M.D. ASSISTANT MED | EXAMINER ICAL EXAMINER | 22. DATE SIGNED |
| , | | EXAMINER'S NAME (Type) | WILLIAM D. | Boyd | M. D. | | DEPUTY MEDICA | AL EXAMINER (A) | 9/13/67 |
| 7 | 230 | BURIAL, CREMATIC | ON, 23b. DATE THE | | 23c. NAME OF | CEMETERY OR | CREMATORY | 23d. LOCATION (City or Town) | (County) (Stote) |
| | | REMOVAL (Specify | | | ADDRESS | | EMETERY | Suitland, Ma | ryland |
| | 24 | . FUNERAL DIRECTO | R 6100 ros -1661-G | 3 H | ADDRESS | 1.7 1 | 2So. REC'I | | RAR'S SIGNATURE |
| 1 | 2) | Immong H | ros = LOULeur | U. LIOT | IB KIII. SK | Woch | THE LUAIT | | 1. [[[]] L. A |

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page This certificate should be executed within 24 haurs after death. If TO DEPUTY MESTAL EXAMINER: 5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the

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FOR STATE HEALTH DEPT.

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Deportment of

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| | N/2 | Type | |
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| | SUIT AND | | |
| | | Jacobs Notes | |
| . 5 | was the second | Tesas No. | |
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| | ALIFO, I | 2014023 | TVE |
| | EXPTE TO ALIENT | Y Joseph TALED. | |
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The state of the s

Deportment of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12953

| 1. | PLACE OF DEATH | | | AL EXAMINER | 2. USUAL RI | | | d lived, if institu | | | | |
|---------------|---|--|--------------------------------|--|--|--------------|---------------------------------|--------------------------------------|--------------------|-----------|------------------------|-----------------------|
| | a. COUNTY | ST. MARY | S | MARYLAND | a. STATE | Mar | yland | b. COU | NTY St | . M | ary's | 5 |
| | | (If autside carparate limits, d give nearest tawn) | С. | LENGTH OF STAY IN 16 | c. CITY OR T | | itside carparate | limits, write RU Park | RAL ond give | neares | t tawn) | -/ |
| | | TAL OR INSTITUTION (If not in E | | | d. STREET A | | Chinl | ee Driv | e | | e. IS RESID ON A FA | DENCE ARM? NO X |
| 3. | NAME OF DECEASED (Type or print) | First MELVI | .N | Middle C • | DUNCA | N | 4. DATE OF DEATH | Mon Sep | th tember | Day | | |
| S. | Male Male | | MARRIED A | NEVER MARRIED DIVORCED | 8. DATE OF BI | | 9. | AGE (In years last sirthday) 28 yrs. | IF UNDER Manths | Days Days | Hours | Min. |
| du | ring most of working YEOMA | N (Give kind of work done life, even if retired) | INDUST | OF BUSINESS OR RY NAVY | 11. BIRTHP | | or fareign cau | ntry) | (0) | USA | | |
| 13. | FATHER'S NAME CHAR | LES W. THOMPS | ON | | 14. MOTHER | | NAME LA MEAT | | | | | |
| | | ER IN U.S. ARMED FORCES? (If yes give war or dates af serv SEP * 56 SEP * 6' | rice) | 30 8770 | 17. INFORMANT OFFICIAL | NAV | RECOR | Addr | ess | | | |
| | | EATH (Enter only one couse pe ATH WAS CAUSED BY: | r line for (a), | (b), ond (c).) | | 1 | | | F7.1 | | ERVAL BET | |
| | 974. | X IMMEDIATE CAUSE (a) DUE TO | | Asphyxia | due to h | angin | g | | | | | |
| | Conditions, if any rise to immedio stoting the unde | te cause (a), | | | | | | | | | | |
| NTION | PART II. OTHER S | (c)_ IGNIFICANT CONDITIONS CONTR | IBUTING TO D | EATH BUT NOT RELATED | TO THE TERMINAL | DISEASE COM | NDITION GIVEN | IN PART 1(a) | | | WAS AUTO PERFORM | |
| CERTIFICATION | 200. EXTERNAL C PRIMARY OF CO CAUSE OF DEATH. | AUSE WAS DNTRIBUTING | | BE HOW INJURY OCCURI | RED. (Enter nature o | of injury in | Part I ar Part | II af item 18.) | - 1 | | | |
| MEDICAL | 20c. TIME OF IN. 1:50 Haur a. | NURY Manth, Doy, Year m. 9-8 1967 | 20d. INJUR While of wark | Nat While | PLACE OF INJURY (factory, street, affice Home | | | (City or tawn) exingto | | unty) | - | State) |
| | | fy that I took charge of Ited from: Natural ca | | photos and the same of the sam | Suicide X | Homicide | | n 🔀, Inq determined n | uiry, nonner | ond | in my | opinio |
| | ACTUAL SIGNATURE | learle J. | | gat | M.D. ASS | | ICAL EXAMINE | | | | 22. DATE | |
| | EXAMINER'S NAME (Type) | Charles S. Sp | ringat | e, M.D. | | | AL EXAMINER t, city, tawn, o | | Septen | nber | δ, | 1967 |
| 23 | a. BURIAL, CREMATI REMOVAL (Specif | ON, 23b. DATE THEREOF 9/13/6 | | 3c. NAME OF CEMETERY | OR CREMATORY | | | ATION (City or To | LIF. | (County | | tate) |
| 2 | JOHN M. | Melecu | ARDTOW | ADDRESS N.MARYLAND | | | BY REGISTRA | 400 | EGISTRAP'S S | IGNATUI | Jus | ye |

VR A15ME (5) 6M 1/67

5 may be retoined for your files.

O DEPUTY

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief to the control of the forwarded to the Chief to the control of the forwarded to the Chief to the control of the

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the Stave

Health prior to buriol, cremotion, ar removal, and in any event within 72 hours ofter death.

Part is a section of The State of the Control of the Cont A statement of the APPEN STREET, TVAN GO THE SHEET NEEDS WITH SELECTION OF THE PROPERTY OF STREET, SELECTION OF THE PROPERTY wing with which in the case of · Lake , made The transfer of the contract o 12946

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12954

| | | | CLKIIIICAI | L OI DLAIII | | | , | 291 | 12 | | | |
|--------------------------|--|--------------------|-----------------------------|---|------------------|-----------------------------------|--------------|-------------------|---------------------|----------------------|--|--|
| I. PLACE OF DE | ATH | | | 2. USUAL RESIDENCE (| Where decease | | | ce before | odmissio | on) | | |
| o. COUNTY | ST. MARY S | | MARYLAND | O. STATE MARY | LAND | b. (OU | ST. | MAR | Y'S | | | |
| b. CITY OR TO | WN (If outside corporate lin | nits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If or | utside carporo | te limits, write RU | RAL ond give | e neorest | town) | | | |
| VALL | AL and give nearest tawn) EY LEE | | | VALLEY | LEE | | | | 18- | 1 | | |
| d. NAME OF | H) ROMUKIROM MOKINTRISCO | not in hospital, g | give street oddress) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? | | | | | | | | |
| An | DOVER ESTATE | s | | ANDOVE | R ESTA | TE | | Y | | NO X | | |
| 3. NAME OF | | First | Middle | Lost | 4. DATE | Mon | th | Doy | Yeo | or | | |
| Type or print | HERBE | RT | Том | GIDDINGS | OF DEATH | | _ | 13, | | - 1 | | |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. | . AGE (In years last birthdoy) | Months | 1 YEAR Days | Hours | R 24 HRS. Min. | | |
| MALE | WHITE | WIDOWED | DIVORCED | JULY 9,1901 | | 66 yrs. | Months | Dala | 110013 | 771113. | | |
| | PATION (Give kind of work do | | ND OF BUSINESS OR DUSTRY | 11. 8IRTHPLACE (County | & Stote, or for | reign country) | | TIZEN OF TOUNTRY? | WHAT | | | |
| auring most of we | orking life, even if retired) FARMING | IN | ואונטועו | | EN | GLAND | Ü | S.A | | | | |
| 13. FATHER'S NA | | | | 14. MOTHER'S MAIDEN | NAME | | | | Jany | | | |
| Ton | GIDDINGS | | | SARAH ANN | GIDDI | NGS | | | | | | |
| 1S. WAS DECEASE | ED EVER IN U.S. ARMED FORCE | | SOCIAL SECURITY NO. 17 | . INFORMANT | | Addr | ess | | | | | |
| (Tes, no, or unkno | own) (If yes give wor or dot | s or service) | 9-12-3466 L | OUIE ELIZABE | TH GID | DINGS 8 | SAME A | s # | 2 AE | BOVE | | |
| | OF DEATH (Enter only one | | | | | | | | RVAL BET | | | |
| PART | I. DEATH WAS CAUSED BY: IMMEDIATE CAU | SE (a) | morrony 1 | homboz | w | | | | AND D | | | |
| 420 | | UE TO | | | | | | 10 | | | | |
| | if ony, which gove | (b) | | | | | | | | | | |
| | ediote couse (o), underlying couse | UE TO | | | | | | | | | | |
| lost. |) | (c) | | | | | | | | | | |
| PART II. OT | HER SIGNIFICANT CONDITION | CONTRIBUTING 1 | TO DEATH BUT NOT RELATED TO | O THE TERMINAL DISEASE CO | NDITION GIVE | N IN PART 1(o) | | 19. \ YES | WAS AUTO PERFORM | OPSY NED? NO \ | | |
| 200. ACCIDENT OR CONTRIB | NT WAS UNDERLYING 🗀 | 20h DE | SCRIBE HOW INJURY OCCURRE | D (Enter nature of injury in | Port Lor Port | t II of item 18) | | | | | | |
| OR CONTRIB | UTING CAUSE OF DEATH | 200. 50 | Jenioe Hori Mooki occonice | D. (2.110) 1101010 01 111/21/ | | | | | | | | |
| L LITETUREN, N | OTIFY MEDICAL EXAMINER) F INJURY Month, Day, Year | 20d II | NJURY OCCURRED 20e. P | PLACE OF INJURY (Home, for | m. 20f. | (City or town) | (Co | ounty) | - | (Stote) | | |
| | ur o.m. | While | Not While f | octory, street, office bldg., etc | | (6.1) | | (/ | | ,, | | |
| | p.m. | UI WUI | | 5 | 196/1 | a Sept | 12 10 | 6/, the | + (1) (| wobles | | |
| | certify that (i) (t his h he deceased alive a _f f. | | ded the deceased fram | nat death accurred at | | fram causes | | | | | | |
| 220. SIGNA | | - Lagar | A ITEZ, dild II | iai dealli accorrea ai | 1 5 | 7 | | ATE SIGNE | | 1 00000 | | |
| 220. 31010 | 4. Le Ja) | alany | | M.D. PHYS. | MED. DIRECTOR | STAFF PHYS. | 19- | .140 | 6- | 7 | | |
| 22c. PHYSI | CIAN'S | -1000 | | 22d. ADDRESS | DIRECTOR | | | | , | | | |
| NAME | (Type) WILLIAM | H. PATRI | ск М. D. | | EXINGT | ON PARK | MARY | LAND | 1 | | | |
| 23o. BURIAL, CRE | | THEREOF | 23c. NAME OF CEMETERY C | K KANAMAKAK | 23d. LO | CATION (City or To | own) | (County) | (5 | Stote) | | |
| BURIAL | SEPT- | 15,1967 | ST. GEORGE EP | PISCOPAL. | VAL | LEY LEE, | ST.MA | Ly 1 s | , Mo. | | | |
| 24. FUNERAL DI | | | ADDRESS | 2So. REC | D BY REGISTR | RAR2Sb. R | EGISTRAR'S | | | | | |
| W CLASH | - MATTINGLEY | LEONAR | DTOWN. MARYLA | ND S | FP 19 | 1967 | Clien | Man! | luge | 20 | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death papers. Pages **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any givent within 12 hours of Page 4 moy be retained by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

ALANA TO THE STATE OF and the second of the second o LY -, and July 1 THE PART OF THE PART OF and the second second second DEPTORIZE THE HERE THE STATE OF THE S CONTRACTOR STATE OF THE LAND OF THE PARTY OF THE HELLIAND, SAMILER M. I. ASSOCIATE OF THE PARTY OF THE P Part of the transfer of the part of the pa TEACHER PARTITION OF CARDINARY, MARKE PARTITION OF THE SERVICE SERVICE SERVICES.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

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5 may be retoined for your files.

VR A15ME (5) 6M 1/67

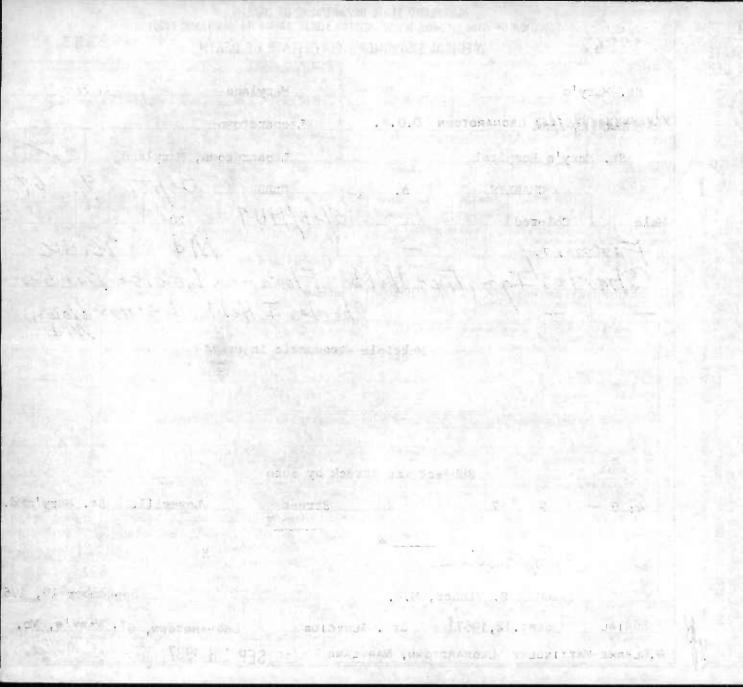
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12947

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) |
|--|--|
| o. COUNTY | O. STATE b. COUNTY CT MANY |
| St. Mary's MARYLAND | Maryland |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Leonardtown / 8/ |
| d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 |
| St. Mary's Hospital | Leonardtown, Maryland YES 100 |
| 3. NAME OF First Middle | Lost 4. DATE Manth Day Year |
| DECEASED (Type or print) CHARLES A | HERB DEATH Sept. 9 1967 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| MIDOMED CO DIMOREED CO | 5/22/19117 last birthday) Manths Days Hours Min. |
| Male Colored WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR | 7/2, 3/17/4/ 20 yrs. 12. CITIZEN OF WHAT |
| during metal-working life, even if retired) INDUSTRY | AN EQUINITY? |
| 1-a7 m1779 | 1414 11.59 |
| 13. FAMHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| (-harles tanalius Heph | Horance Louise Barber |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address |
| (Yes, no, or unknown) (If yes give wor or doter of service) | harles I Hebb, Leonardtown |
| | 795-1-5 4. 17END, ~ EV1143 & 10WD, |
| 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| | traumatic injuries |
| DUE TO | |
| Conditions, if any, which gave (b) | |
| rise to immediate cause (a). stating the underlying cause DUE TO | |
| last. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY |
| 2 | PERFORMED? |
| 20a. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING CAUSE OF DEATH | YES X NO |
| E 20a. EXTERNAL CAUSE WAS □ PRIMARY IX or CONTRIBUTING □ |). (Enter nature of injury in Part I ar Part II af item 18.) |
| | ick by auto |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2 20e. PL | LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) |
| B Haur a.m. While - Nat While - fa | street Loveville St. Mary sMd |
| | |
| 21. I certify that I took charge of the remains described above, h | |
| deoth resulted from: Notural couses , Accident X, Su | ricide, Homicide, Undetermined monner |
| 01, | CHIEF MEDICAL EXAMINER 🖅 |
| | |
| SIGNATURE STATE | 22. DATE SIGNED |
| SIGNATURE OF OF | A DATE CICALED |
| SIGNATURE EXAMINER'S | M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER D |
| EXAMINER'S NAME (Type) Russell S. Fisher, M.D. | M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) September 10, 19 |
| SIGNATURE EXAMINER'S NAME (Type) Russell S. Fisher, M.D. 23a. BURIAL, (REMATION, REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) | M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) R CREMATORY 23d. LOCATION (City or Town) (County) (State) |
| SIGNATURE EXAMINER'S NAME (Type) Russell S. Fisher, M.D. 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF | M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) September 10, 19 |



12948

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

| # 12 # 1. | - | PLACE OF DEATH | | | | | O HEILAL DECIDENCE | Marie Innered In | and if invalents | an Davidana l | of an allaining |
|---|---------------|---|--|------------------|----------------------|---------|--------------------------------|-----------------------|---------------------|----------------|---------------------|
| deoth and death | | o. COUNTY | | | | | 2. USUAL RESIDENCE o. STATE | (where deceased in | b. COUN | TY | |
| | | ST. | MARY S | | MARY | | MARY | LAND | | ST. | WARY'S |
| E E E | | b. CITY OR TOWN (I | f outside corporate limits give nearest tawn) | , | c. LENGTH OF STAY IN | l lb | c. CITY OR TOWN (If | outside corporote lin | nits, write RUR | AL and give ne | arest town) |
| by Pours | F | ATUXENT | RIVER | | 13 HRS. | | LEXINGT | ON PARK | | | 18-1 |
| ho in t | | | AL OR INSTITUTION (If no | t in hospital, g | | | d. STREET ADDRESS | | | | e. IS RESIDENCE |
| that the deoth certificate be executed within 24 hours offer an. by the ottending physicion and completely filled in by the transit permit. Then please remove cream papers. Pages cremotion, or removol, and in any event, with 1/2 hours often | | | R STATION H | HOSPITA | L | | RT 1 | Box 37 | | | ON A FARM? YES NO 🙀 |
| 章 李 章 | | NAME OF DECEASED | Fir | tz | Middle | | Lost | 4. DATE | Month | 1 | Doy Year |
| T diet | | (Type or print) | Jo | HN | | - 1 | VANCIK | OF DEATH | SEPTEM | BER | 14. 1967 |
| mpl ve c | S. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | | B. DATE OF BIRTH | | E (In yeors | IF UNDER 1 YE | |
| e execut and com remove n ony ev | | LE | WHITE | | DIVORCED | | FEB. 4, 1886 | 81 | t birthday) yrs. | | ys Hours Min. |
| be and lin | | . USUAL OCCUPATION ing mast of working | (Give kind of work done | IDb. KI | ND OF BUSINESS OR | | 11. BIRTHPLACE (Count | _ | | 12. CITIZEI | N OF WHAT |
| cion eose ond | | ARPENTER | | CA | DUSTRY BINET MARE | R | | CZECHOBLO | OVAKIA | | S.A. |
| fico ysie | 13. | FATHER'S NAME | | | | 14 | 14. MOTHER'S MAIDEN | I NAME | | | |
| th certifuling phy Then removo | | MIC | HAEL IVANCE | IK | | | MAGD | ALENE FA | CCATE | | |
| th ding | 15. | WAS DECEASED EVE | R IN U.S. ARMED FORCES? | 16. | SOCIAL SECURITY NO. | 17. 1 | NFORMANT | | Addre | SS | |
| ie deoth certificate be ex ottending physicion and permit. Then pleose rem ion, or removol, and in on | (Te | s, no, or unknown) | (If yes give wor or dotes o | r service) | | Jo | HN R. IVANC | IK | SAME A | s # 2 / | ABOVE |
| that the d an. by the oth ransit perr cremotion, | | 18. CAUSE OF DE | ATH (Enter only one cou | se per line for | (o), (b), ond (c),) | | | | | | INTERVAL BETWEEN |
| that than an. by the transit precremotion | | PART I. DEAT | TH WAS CAUSED BY: | | cont tar | 'Elm | 1 | | | | ONSET AND DEATH |
| tho by tran | | 4201 | IMMEDIATE CAUSE DUE | (0) | | | | | | | |
| res /sici ned iol- iol, | | Conditions, if ony, | and take a source of | (b) A | 1 linos | ch | Permis, | cos ino | y mo | 201 | |
| equire physi signe burio buriol | | rise to immediat | e couse (o), | | 10 | 27 | | | | 11 | |
| w reding een the the | | stoting the under | lying couse | (c) | All t | ill | ' | | | | |
| e law tendin ss beer as the prior t | | | GNIFICANT CONDITIONS C | | O DEATH BUT NOT DEL | TED TO | TOMMINAL DICEASE C | DAIDITION CIVEN IN | DADT 1/ml | | 19. WAS AUTOPSY |
| e he he alth | CERTIFICATION | PAKT II. UTHER SI | SMIRICANT CONDITIONS Q | UNIKIBUTING | O DEATH BUT NOT KEE | אונט וט | ITE TEKMINAL DISEASE C | UNDITION GIVEN IN | PAKI I(0) | | PERFORMED? YES NO |
| ficat for for for free | TIFIC | 20a. ACCIDENT WAS | UNDERLYING [] | 20b. DE | SCRIBE HOW INJURY OC | CURRED. | (Enter noture of injury in | Port I or Port II o | f item 18.) | | |
| 76 +00 | | OR CONTRIBUTING (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | |
| PHYS ne host this cel etoche Dept. | MEDICAL | 20c. TIME OF INJU | IRY Month, Day, Yeor | | JURY OCCURRED | | CE OF INJURY (Home, fo | | y or town) | (County | (Stote) |
| 0 = 0 e | ME | nour o.r | 10 | While of world | Not While at work | toct | ory, street, office bldg., et | c.) | | | |
| by Affeel be Stor | | 21. I certif | y that (I) (this has | pital) attend | | ram | June. | 19 67. ta | ink | L. 19 (c) | 7that (1) (we) last |
| R: / Ned uld the | | saw the de | eceased aliye an | SUL | 1967,0 | nd tha | death accurred a | | m causes o | and an the | date stated abave. |
| ATTE | | 220. SIGNATURE | 6. | | / | / | | Loca | 47455 | 22b. DATE S | SIGNED |
| OR ATTEN be retained DIRECTOR: / | | | ou | ant | wich | M.I | ATTENDING PHYS. | DIRECTOR | STAFF PHYS. | 9.12 | 567 |
| | | 22c. PHYSICIAN'S | | | | | 22d. ADDRESS / | ·como | 1140 | M W | |
| TO HOSPITAL OR Poge 4 moy be O FUNERAL DIRI director, poge 3 | | NAME (Type) | MICHAEL | BARBA | RICH M. D | • | te. | | ARK, N | ARYLAN | - |
| O HOSPIT | 230 | BURIAL, CREMATIC | | REOF | 23c. NAME OF CEME | TERY OR | CREMATORY | 23d. LOCATIO | ON (City or Tov | vn) (Co | unty) (Stote) |
| Poge direct | | BUR TA Specify | SEPT.18 | 3,1967 | HOLY FA | CE C | EMETERY | GREAT | MILLE | ST MARY | , I a Mp |
| 1/1// | 24 | . FUNERAL DIRECTO | | | ADDRESS | | 2So. RE | D BY REGISTRAR | 25b. REC | | ATURE |
| VR A15 (4) 25M 1/67 | V | .CLARKE | MATTINGLEY | LEONA | RDTOWN. MA | RYLA | ND DATES | EP 19 19 | 6/ | Marle | g judge |
| / | _ | | | | 7 | | | | | | |

TATE OF THE PARTY OF THE PARTY

VALUE OF THE PROPERTY TO THE PROPERTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH

| Tar | 1 6 | 1294 | X et | MED | ICAL EXAMINER | | | 111 | 2957 esidence befare admissian) | | |
|-----|---------------|--|---|----------------------------|---|--------------------------------------|---|--|--|--|--|
| 71) | | COUNTY | Marria . | | MANVIAN | | ryland | b. COUNTY | Condition betate duministant | | |
| 1 | - | | Mary's If autside carparate limits | | MARYLAN T. C. LENGTH OF STAY IN 18 | | | rate limits, write RURAL on | nd give negrest tawn) | | |
| 13 | | Leonar | d give nearest tawn) | | | | Patuxent Ri | utside carparate limits, write RURAL and give nearest tawn) | | | |
| 76 | d | | AL OR INSTITUTION (If no | t in haspital, g | give street address) | d. STREET A | | | | | |
| 1 | | St. Mar | y's Hospita | 1 | | I | 3ox 222 | | ON A FARM? YES NO | | |
| | | IAME OF ECEASED Type or print) | Fir JOHN | | Middle F. | last IVE | RY, SR OF DEAT | Month September | Doγ Year 13, 19 67 | | |
| 1 | S. S | | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF 8 | | 9. AGE (In years IFU | NDER 1 YEAR IF UNDER 24 HRS | | |
| | | Male | White | WIDOWED | DIVORCED [| 11/ | 26/1901 | last birthday) Mar 65 yrs. | nths Days Haurs Min. | | |
| | | | V (Give kind af wark done life, even if retired) | 10b. KI | ND OF BUSINESS OR DUSTRY TTO PARTS (SA) | 11. BIRTH | PLACE (State ar fareign | country) | 12. CITIZEN OF WHAT COUNTRY? | | |
| | 13. | FATHER'S NAME | | | | 14. MOTHE | R'S MAIDEN NAME | | | | |
| | | | H. IVERY | | | | ARY JANE E | | | | |
| | 1S. (Yes | WAS DECEASED EVE | R IN U.S. ARMED FORCES? (If yes give war ar dates o | | SOCIAL SECURITY NO. | 17. INFORMANT | | Address | | | |
| | N | | | | 7 03 3771 | JOHN F. | IVERY JR. | SAME AS # | | | |
| | | | EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE | o) Art | (a), (b), and (c).) teriosclerot | ic Cardio | ovascular I | isease | INTERVAL BETWEEN ONSET AND DEATH | | |
| | | Conditions, if any | , which gave) | (b) | | | | | | | |
| | | rise to immediat stoting the unde last. | e cause (a), (| , | | | | | | | |
| | ATION | PART II. OTHER SI | GNIFICANT CONDITIONS CO | INTRIBUTING 1 | TO DEATH BUT NOT RELATED | TO THE TERMINAL | DISEASE CONDITION GIV | /EN IN PART I(o) | 19. WAS AUTOPSY PERFORMED? YES K NO | | |
| | CERTIFICATION | 20g. EXTERNAL CA PRIMARY ☐ gr CO CAUSE OF DEATH. | | 20b. DE | SCRIBE HOW INJURY OCCUP | RED. (Enter nature | af injury in Part I ar Po | irt II af item 18.) | | | |
| | MEDICAL | 20c. TIME OF INJU Hour o.r p.r | 10 | 20d. II While at war | | PLACE OF INJURY foctory, street, aff | | (City ar tawn) | (Caunty) (State) | | |
| | | 21. I certif | y that I taak charge | | nains described abav | | | tian 🔲, 🛮 Inquiry [| , and in my apinia | | |
| | | death result | ted fram: Natura | causes 2 | X, Accident , | Suicide, | | Indetermined manne | r 🗆 | | |
| | | ACTUAL | 11111 0 1 | , < | /- | - | HEF MEDICAL EXAMINER | | 22. DATE SIGNED | | |
| | | SIGNATURE | viring ! | 1- | 200- | NI.D. | SISTANT MEDICAL EXAMI PUTY MEDICAL EXAMINE | and the same of th | 9/14/67 | | |
| | | EXAMINER'S NAME (Type) | Werner U. | Spitz | M.D.> | | Idress (Street, city, town | | J/ 14/ 0/ | | |
| - | | | | 2020 | T an HAME OF STATESTA | VOD CDEMATORY | 1 224 | OCATION (City or Town) | 15 11 15:11 | | |
| | | BURIAL, CREMATIC | | | 23c. NAME OF CEMETER | UK CKEMATUKT | 230. 1 | DEATION (CITY OF TOWN) | (County) (State) | | |

steet fasts(sabst) provide STATE OF THE STATE THE RESERVE WHEN THE PERSON AND THE PARTY OF Constitution of the Manual Constitution of the C. F. L. P. Ling S. Brown S. L. P. L TOP J. J. 998 Add and Classical - Early or dive

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) |
|--|---|
| a. COUNTY St. Mary's MARYLAND | o. STATE Maryland b. COUNTY St. Mary's |
| b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) |
| write RURAL and give nearest town) NAS. Patuxent River 11 hrs. 20 mi | r. Lexington Park /8-/ |
| d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) | d. STREET ADDRESS e. IS RESIDENCE |
| Station Hospital, USNAS, Patuxent River | ON A FARM? YES NO NO |
| 3. NAME OF First Middle DECEASED | Lost 4. DATE Manth Day Year |
| (Type or print) Charles Joseph | Lupi DEATH September 5, 1967 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| male caucasian WIDOWED DIVORCED | September 5,1967 yrs. 11 20 |
| 10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? |
| Not applicable Not applicable | St. Mary's, Maryland U.S. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Sebastian Anthony Lupi | Sandra Lee Nemeth |
| | INFORMANT Address |
| NA NA NA | Official U. S. Navy Records |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyaline membrane | disease ONSET AND DEATH |
| 7735 DUE TO | |
| Conditions, if ony, which gave) (b) Prematurity | 11hrs.20Min |
| nse ta immediate cause (a), stating the underlying cause DUE TO | |
| last. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| 20g. ACCIDENT WAS UNDERLYING 20g. A | YES XX NO |
| ≅ 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED |). (Enter nature of injury in Part I or Part II of item 18.) |
| | |
| 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. P | ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) |
| Haur a.m. p.m. 19 While Not While at wark at wark | actory, street, affice bldg., etc.) |
| 21 1 certify that (1) (this haspital) attended the deceased from | September 512 67, to Sept. 5, 1967, that (I) (we) just |
| saw the deceased alive an Sept. 5, 1967, and the | at death accurred at 3:15P M, from causes and an the date stated obove. |
| 22a. SIGNATURE | 22b. DATE SIGNED |
| 1 Manager | AD. ATTENDING MED. STAFF Staff September 5,187 |
| 22c. PHYSICIAN'S Kenney Citellen | 22d. ADDRESS |
| NAME (Type) JAMES R. ABEL, LT, MC, USN | USNAS, Patuxent River, Md. 20670 |
| 23g. BURJAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O | R CREMATORY . 23d. LOCATION (City or Town) (County) (Stote) |
| 144NSIT 9/7/67 | EASTON, PENNA. |
| 24. JUNERAL DIRECTOR WOLD ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| JOHN W. WELCH - LEONARDTOWN MARYLAND | DATE SEP 1 1 1967 gelianles Judges |

7-250500

A Pap TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplerely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye (arban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any eyekt, within 72 haurs after decuts. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 7 Film 6393 9/28/67 186 4-11

| CERTIFICA | IE OF DEATH | 909 |
|--|--|-----------------------------------|
| 1. PLACE OF DEATH o. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY | |
| ST. MARY'S MARYLAND | | MARY 8 |
| b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) | c. CITY OR TOWN (If outside carporate limits, write RURAL and give | nearest town) |
| LEXINGTON PARK D.O.A. | LEXINGTON PARK | 18-1 |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | e IS RESIDENCE ON A FARM? |
| PATUXENT RIVER NAVAL AIR STATION H | OSPITAL RT 1 Box 145 B | YES NO |
| 3. NAME OF First Middle | Lost 4. DATE Month | Doy Year |
| (Type or print) FRANKLIN EMERY | McBEE DEATH SEPTEMBER | 21, 1967 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 last birthday) Months | |
| MALE WHITE WIDOWER DIVORCED | JUNE 29, 1895 72 Yrs. | Doys Hours Min. |
| 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER MILL 10b. KIND OF BUSINESS OR INDUSTRY | COL | ZEN OF WHAT INTRY? S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 0.0. |
| | | |
| WILLIAM MOBEE | MARY CATHERINE BROWNFIELD | |
| (Yes, no, or unknown) (If yes give wor or dates of service) | 7. INFORMANT Address | |
| YES WW 1 No. | RMAN PHILLIPS SAME AS # 2 | ABOVE |
| 18. CAUSE OF DEATH (Enter only one couse per line-for (o), (b), ond (c).) | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curcinma | I g prosence | ONSET AND DEATH |
| 177X DUE TO #1 | 1/2/ | |
| (conditions, if ony, which gove) | vasines with | |
| rise to immediate couse (o), (DUE TO | 1 _ 1 . | |
| stoting the underlying couse (c) Congestive T | react failure | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH | ED. (Enter nature of injury in Port I or Port II of item 18.) | |
| Hour o.m. 19 While Not While ot work | PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) | nty) (Stote) |
| 21. I certify that (I) (this haspital) attended the deceased fram | Mune 19 6 30 MM 24 , 14 | Z, that (I) (we) last |
| saw the deceased alive an 1 2/ 19 67, and to | hat death accurred at 11: 10 M, fram causes and an th | e date stated abave. |
| 220. SIGNATURE 1 A 200 | ATTENDING MED. STAFF 22b. DA | TE SIGNED |
| | M.D. PHYS. DIRECTOR L. PHYS. L. | |
| 22c. PHYSICIANS WAME (Type) JUANITO ROA M. D. | LEXINGTON PARK, MARYLAND | |
| | | (6, 1) |
| 230. BURIAL, CREMATION, BURIAL (Specify) BEPT 25 1967 CEDAR Have | | (County) (Stote) |
| JEDAR III | LL CEMETERY COVINCTON 258 PEGISTRARS SI | VIRGINIA |
| 24. FUNERAL DIRECTOR ADDRESS | | GNATURE |
| W.CLARKE MATTINGLEY LEONARDTOWN, MARYL | AND DATE | V |

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the Funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, cremation, or remaval, and in any event, within 72 have after deather. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

AND THE PERSON OF THE PERSON O ATTEMOTOR AND THE DATE OF THE PARTY OF THE P . IS NOT THE THE THE PERSON OF ALL STATES AND STATES 771 . . . ATMITATE CONTRACTOR 30 Told MAT2JET The state of the s THORE S OF BUT THE THE HARRY LEXING ON THE DAY OF THE . . . WORLDTENACH STATE OF THE STATE ATHLESSIE LACTORES SHETTINGERY LEGISBOTONING MARKEAND PLACE DE DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

| 1. PLACE DE DEA | TH | | | | 2. USUAL RESIDEN | CE (Where de | | | ion: Residenc | ce before a | dmission) |
|---|--|-----------------------------------|-----------------------------------|------------|---|------------------|-----------------|-------------|-----------------------|-------------|------------------|
| a. CDUNTY | | | 444 | NA ABID | a. STATE Maryla | na.d | b. | COUNTY | Mary | -10 | |
| b. CITY DR TOV | NN (If outside corporate L and give nearest town | limits, | c. LENCTH OF ST. | AY IN 1b | c. CITY OR TOWN (I | | rporate ilmit | | | | st town) |
| | ardtown | | 47 Minu | | Rural (| Califor | nia, | vid. | | 16 | -/- |
| d. NAME OF HO | OSPITAL OR INSTITUTION | (if not In ho | spital, give street | address) | d. STREET ADDRESS | | | | | e. IS RE | SIDENCE FARM? |
| St. | Mary's Hospi | tal | | | Box 2 | | | | | YES [| NO 🖾 |
| 3. NAME DF DECEASED | Firs | st | Middle | | Last | 4. DATE OF | | Month | Day | | ear |
| (Type or print) 5. SEX | 6. COLDR DR RACE | | | | Moses | | AGE (In y | | | | 67 |
| Male | White | 7. MARRIED WIDOWED | | ED [-3] | ept. 16, 19 | | last birth | day) Mon | ths Days | | Min. |
| 1Da. USUAL DCCUPA during most of wor | TIDN (Cive kind of work d king life, even if retired) | one 10b. Ki | IND DF BUSINESS I IDUSTRY | DR | 11. BIRTHPLACE (C | County & State | , or foreign co | ountry) | 12. CITIZEN CDUNTR | | T |
| 13. FATHER'S NA | MF | | | | 14. MOTHER'S MAII | DEN NAME | /// | 4 | U | na. | |
| | | | | | | | | | | | |
| | A. Moses EVERINUS ARMED FOR | 0503 10 | 000141 0001101514 | 10 17 | Mary Re | eves | | 44 | | | |
| (Yes, no, or unkown) | (If yes give war or dates of | service) | SOCIAL SECURITY! | 17. | INFORMANT | | А | ddress | | | |
| No | | | | | Mother | | Box : | 2 Ca | lifor | nia, | Md. |
| | DEATH [Enter only one | cause per li | ne for (a), (b), and | (c).] | | | | | | ERVAL BI | |
| PART I. C | EATH WAS CAUSED BY: IMMEDIATE CAUSE (| a) /- | etal | apa | 152 | | | | 14 | 1 - | 110 |
| 762 | DUE T | , | | 1 | | | | | | | |
| Conditions, If | any which \ | b) | | | | | | | | | |
| gave rise to | Immediate (| | | | | | | | | | |
| cause (a), | stating the | | | | | | | | - 10 | | |
| | SIGNIFICANT CONDITION | C) | TING TO DEATH BUT | INOTRELA | TED TO THE TERMINAL | DISEASE CON | IDITIONCIVE | N IN PART | [1(a) 19. | WAS A | UTDPSY |
| TA GX | enerelize | | 72526 | | | DIOLAGE GOI | DITIONOTT | N INT AIL | | PERFO | RMED? |
| S ACCIDENT | | - | | | RRED. (Enter nature o | & Indiana In D | art Lar Dari | l II of Ito | | ES 📉 | ND |
| PART II. OTHER 20a. ACCIDENT DR CDNTRIBUT (IF EITHER, NO | T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMIN | H ER) | ESCRIBE HOW IN | OKT OCCO | KKED. (Enter nature o | n injury in P | art i di Par | i ii oi ite | iii 10.) | | |
| Hour a | INJURY Month, Day, Young, m. 19 | ear 20d. While at work | NJURY OCCURRED Not While at work | | CE OF INJURY (Home, f y, street, office bldg., o | arm, 20f. | (City or tow | n) | (County) | | (State) |
| 21. I cert | Ify that (I) (this hospi | tal) attende | ed the deceased | from r | Sept 16.1 | 967. to | Jei | 116 | 1962 t | hat (I) (| we) last |
| | eceásed alive pn | Stop | | | death occurred at- | | | | | | |
| 22a. SICNATI | | 1 | 1 | arra triat | | | - | | b. DATE S | | |
| 1 | en IV | 50 | erto | M.D | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | | 9-16 | 5-67 | |
| 22c. PHYSICI | | | | IN.U | 22d. ADDRESS | DINEGION | 11113. | | | | |
| NAME (| Teon Bern | ihe. M. | DD | | Mechan | nicsvil | Lae. Ma | arvla | nd | | |
| 23a. BURIAL CRE | | | 23c. NAME OF | CEMETERY | | | OCATION (Ci | | | . (5 | tate) |
| 2 REMOVAL (S | pecify) | 7 17 | 411 | 50 | 125 | 100 | 1/2/10 | | , , | 11 | |
| 24. FUNERAL DIR | FCTOR | 5-01 | ADDRESS | 04 | 25a. RE | C'D BY REGI | STRAR I 251 | RECIS | TRAR'S SICI | NATURE | 71 |
| W.C.N | attingle. | y hice | / | tow.7 | , NO DATE | P 19 | 1967 | 1/ | arles | Jude | e. |
| 7-2620 | 003 | | | - | | | | 4 | 6 | 7 0 | |
| | | | | | | | | | | | |

and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove caron papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event.

> VR AIS 5 (4)

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er ser ge open 1 16g ().

And Sames 1. 3. See a see that he same not

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled my the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12953 CERTIFICATE OF DEATH 12961

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission) |
|---|--|
| o. COUNTY ST. MARY, S MARYLAND MARYLAND | e. STATE b. COUNTY |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | MARYLAND ST. MARY S. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) |
| write RURAL and give nearest town) LEONARDTOWN Md. | LEONARDTOWN |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. fS RESIDENCE |
| LEONARDTOWN MARYLAND | T. FROM A RIDITION WAS YES NOT |
| 3. NAME OF First Middle | Last 4. DATE Month Day Year |
| DECEASED (Type or print) LEILA CATHERINE | NORRIS OF DEATH SEPTEMBER 28 1967 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B | DATE OF BIRTH 9. AGE (In yeers if UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months: Days Hours Min. |
| | 2/11/1877 90 yrs. Months Deys Hours Min. |
| | Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| HOUSEWIFE DOMESTIC | ST, MARY, S MARYLAND U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| JOHN T. YATES | LUCY N. CLARKE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (ffyesgivewerordetesofservice) | NFORMANT Address |
| NO 212-56-0154J1 | J. RICHARD NORRIS LEONARDTOWN Ma. |
| 1B. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | herworloge ONSET AND DEATH |
| 488/ DUE TO 0 | |
| Conditions, if eny, which \ (b) Christo Tes | relay |
| geve rise to immediata cause | |
| (e), stering the underlying | |
| (6) | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| OIL OIL | PERFORMED? |
| 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRE | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I or Pert II of Item 18.) |
| | CE OF INJURY (Home, ferm, '20f, (City or town) (County) (State) ory, street, office bidg., etc.) |
| Hour e.m. yhile Not While et work et work | y, silver, order blogs, etc.) |
| 21. I certify that (I) (this hospital) attended the deceased from | 11 1 1960 to South 28, 1967 that (1) (we) last |
| | death occurred at 5.4%, from the causes and on the date stated above. |
| 22e. SIGNATURE | 22b. DATE |
| thanks Theomisel " | D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D |
| 22c. PHYSICIAN'S CITTLE CONTRACT TO ME TO | 22d. ADDRESS |
| NAME (Type) CHARLES GREENWELL M.D. | LEONARDTOWN MARYLAND |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| REMOVAL (Specify) 9/30/1967 ST. ALOYS | IUS LEONARDTOWN MARYLAND |
| ADDRESS ADDRESS | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| JOHN M. WELCH LHONARDTOWN Md. | DATOCT 3 1967 fillowles Judge |
| y DURN N. REMOR DIMPREDITIONS BU. | |

The state of the s A SHEET WAS A SHOULD BE A SHOU THE WORLD STORES TO BE SHOULD BE SHOULD STORE STORE STORES remarks of the second of the s THE ROLL WILLIAM WAS ASSESSED. personal lines sector. In the line, the BUZALOLE THE TOUR VOICE The state of the s 1967 3 1967 3 1967

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| ec) | 0 | 0 | 0 | 0 |
|-----|---|---|---|----|
| | 2 | 3 | O | 60 |

| E | | 12354 MEDICAL EXAMINER'S | CERTIFICATE OF DEATH | |
|---------------|-------|---|--|-------------------------------|
| PT. | | ACE DF DEATH | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen | ce before odmission) |
| | 0. | St. Mary's MARYLAND | o. STATE B. COUNTY St. | Mary's |
| | b. | CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and giv | |
| 100 | | write RURAL and give nearest town) Lexington Park | Lexington Park | 18.1 |
| | d. | Lexington Park NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| 0 | | 227 Chinlee Drive | 227 Chinlee Drive | YES NO |
| 3 | | AME DF First Middle | Lost 4. DATE Month | Doy Year |
| | (T | CCEASED ype or print) RTCHARD M | OWEN DEATH September | er 8 19 67 |
| 5. | . SE | | B. DATE OF BIRTH 9. AGE (In yeors IF UNDER lost birthdoy) Months | Doys Hours Min. |
| | Ma | ale White WIDOWED DIVORCED | (e/13 / 67 23 mo yrs. 23 | poàs Honiz Will |
| 10 | Oo. I | ISUAL OCCUPATION (Give kind of work done g most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 1. BIRTHPLACE (Stote or foreign country) 12. CI | TIZEN OF WHAT |
| | | | 2 | LISA |
| S. III did | 3. F | ATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | | Richard H. Owen | Sharon Wells | 25 |
| | | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III no, or unknown) (If yes give wor or dotes of service) | NFDRMANT Address | |
| | | | MOTHER | |
| | | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: | | ONSET AND DEATH |
| | 1 | 7952 IMMEDIATE CAUSE (o) SDII | | |
| 9 | | DUE TO Conditions, if ony, which gove) (b) | | |
| | | ise to immediate couse (o), | | |
| | | ost. (c) | | |
| | - | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY |
| CEPTIFICATION | | | | PERFORMED? YES Y NO |
| TEICE | | 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. | (Enter noture of injury in Port 1 or Port II of item 1B.) | |
| | | PRIMARY or CONTRIBUTING CAUSE OF DEATH. | | |
| MEDICAL | 3 | | | unty) (Stote) |
| ME | ME | Hour o.m. While Not While of work at work | ory, street, office btdg., etc.) | |
| - | | 21. I certify that I taok charge of the remains described above, he | ld an Autopsy 💢 Inspection 🗍, Inquiry 🧻, | and in my opinian |
| | | | ide, Hamicide, Undetermined manner | |
| | | 6746 | CHIEF MEDICAL EXAMINER | |
| | | ACTUAL SIGNATURE OF THE | M.D. ASSISTANT MEDICAL EXAMINER | 22. DATE SIGNED |
| 2 | | EXAMINER'S | DEPUTY MFDICAL EXAMINER | |
| = | _ | NAME (Type) Russell S. Fisher, M.D. | | nber 8, 1967 |
| 1 2 | 30. | BURIAL CREMATION, REMOVAL (Specify) SEPT.10.1967 BURIAL 23C. NAME OF CEMETERY OR OF CEMETERY | | (County) (Stote) |
| - | _ | URIAL SEPT. 10, 1967 JOY CHAPEL C | EMETERY HOLLYWOOD 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S | MARYLAND GIGNATURE |
| - | 4. 1. | | 1 | |

VR A 15ME (\$1)

W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

GISTRAR'S SIGNATURE

. 1 - 1 - 1 AND HOUSE IN THE SECOND STATE OF THE SECOND The Labour To Labour and the second Same of Welling CONTRACT OF THE PROPERTY OF TH and the state of the second process of the second s

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12963

9 955

CERTIFICATE OF DEATH

| 2100 | ,00 | | | CLKIII | ICAIL | OI DEATH | | | | | | |
|------------------------|----------------------------------|---|------------------------------|----------------------------------|------------|---|------------------|------------------------|--------------|---------------------|---------------------------|------------------|
| 1. PLACE O o. COUNT | | St. Mary's | | MARY | (LAMP) | 2. USUAL RESIDENCE o. STATE | | b. COL | INTY | | | in) |
| h CITY O | D TOWN (IF | outside corporate limits, | | MARY c. LENGTH OF STAY II | | c. CITY OR TOWN (If a | RYLAN | | | MARY | | |
| write | RURAL ond | give nearest town) | 5 | | NID | C. CITT OK TOWN (IT | ontside corp | orore limits, write Kt | KAL ONG GIV | e neore? | Town | |
| | NARDT | | | 15 DAYS | | RURAL | LEON | ARDTOWN, | | 10 | . / | |
| d, NAME | | ARY S HOSP | , , , | ive street address) | | d. STREET ADDRESS | | | | | ON A FA | ARM? |
| 3. NAME O | | Firs | | Middle | | Last | I 4. DAT | E Mor | nth | Dov | Yeo | |
| DECEASE (Type or | | Јони | | HENRY | | PRICE | OF DEA | TU SERT | EMBER | 114 | | 67 |
| S. SEX | pinit, | | 7. MARRIED | | | . DATE OF BIRTH | DEA | 9. AGE (In years | IF UNDER | | IF UNDER | |
| | | | WIDOWED | DIVORCED | HI | | | lost birthdoy) | Months | Doys | Hours | Min. |
| MALE | | NERGO | | | | | 880 | 87 yrs. | 1 10 6 | 717511 | | |
| | | Give kind of work done fe, even if retired) | | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (Count | y & Stote, o | r toreign country) | | TIZEN OF DUNTRY? | | |
| | RMING | | | | | | | MARYLAND | | .S.A | | |
| 13. FATHER | 'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | 1 | | |
| | VPIA | BROWN | | | | ELLEN | Parci | Ma | | | | |
| IS. WAS DE | CEASED EVER | IN U.S. ARMED FORCES? | 16. 5 | OCIAL SECURITY NO. | 17. 11 | FORMANT | TALL | Addı | 'ess | | | |
| (Yes, no, or o | unknown) (| If yes give wor or dotes of | service) | | ANI | NIE FLORINE | PRI | CE LEONAP | ROTOWN | - Ma | RYLA | ND |
| 1 10 .04 | HEE OF DE | YII /Fatar ash assay | and the feet | (3 (1) (1)) | | / / | | | | | | |
| | | ATH (Enter only one couse I WAS CAUSED BY: | a per line for (| | < | And In | 0 | | | | ERVAL BET SET AND D | |
| 27 | 221 | IMMEDIATE CAUSE (d | , | Cardia | < | Juin. | | | | | | |
| 1 | | DUE T | 0 | " - A - | 1 | aler | di- | | | | | |
| | ons, if ony, | (0) 62110) | b) | racio o | 1600 | oulkr | ans | ease | | - | | |
| | the underl | | 0 | | | | | | | | | |
| last. | |) (| c) | | | | | | | | | |
| PART II | , OTHER SIG | NIFICANT CONDITIONS CO | NTRIBUTING TO | O DEATH BUT NOT RELA | ATED TO TI | HE TERMINAL DISEASE CO | ONDITION G | OVEN IN PART 1(0) | | | WAS AUTO PERFORME S | PSY ED? NO |
| OR CON | TRIBUTING D | UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OF | CCURRED. (| Enter noture of injury in | Port I or | Port II of item 18.) | | | | |
| WEDICAL 20c. 11 | ME OF INJUI Hour o.m. p.m. | RY Month, Doy, Year | 20d. IN. While of work | JURY OCCURRED Not While of work | | E OF INJURY (Home, for ry, street, office bldg., etc | | f. (City or town) | (Co | unty) | (: | Stote) |
| 21. | I certify | that (I) (this hasp | ital) attend | ed the deceased | fram | 1/15 | 1963 | , to Sept 1 | / , 19 (| - 7, th | ot (I) (v | ve) lost |
| say | w the de | eased alive an Se | st 11" | 5- 1967,0 | and that | death occurred a | 100 | _M, fram causes | and on t | he date | stoted | above. |
| 22o. S | IGNATURE | arles gr | eem | vell | M.D. | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | 22b. D. | ATE SIGNI | D | |
| | HYSICIAN'S IAME (Type) | CHARLES (| GREENWE | ELL M. D. | | 22d. ADDRESS LEON | ARDT | OWN, MARYL | AND | | | |
| 23o. BURIAL REMOV | L, CREMATION /AL (Specify) | SEPT . 1 | | 23c. NAME OF CEME | 1 | REMATORY JS CEMETERY | | LOCATION (City or To | | (County) | | tate) |
| | AL DIRECTOR | | 1,170 | ADDRESS | OTOIC | | D BY REG | EONARDTON | EGISTRAR'S S | IGNATUR | E . | MD. |
| | | ATTINGLEY | 1 =0.114 = | | | 0.5 | P 14 | | Charl | | | 1 |
| 11005 | ILLY E IA | MITTINGLEY | LEUNAR | ROTOWN, MAI | RYLAN | DATIO | . 4 7 | | | -01 | 4 | - |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after deaths. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

S'VERY. THE SECOND SECOND S AT DIENAHOL JANUS JATTHESE TYPA ... PLI SESSESSES SESSES SESSES AND ALL AN 151 - /1J BRADEN TO LECTURE OF THE PROPERTY OF THE PROPE THE PARTY OF THE P AND ALLES OF THE PROPERTY OF T

THE PROPERTY OF THE PROPERTY O

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | . 16 0 0 0 | | CERTIFICAT | E OF DEATH | | 12509 | |
|----------------|--|--|--|--|---|---------------------------------------|---------------------|
| Ī | PLACE OF DEATH o. COUNTY | | | 2. USUAL RESIDEN | CE (Where deceosed lived, if ins | titution: Residence before od | mission) |
| | ST. MARY. | S | ARYLAND MARYLAND | MARYLAN | | MARY.S | |
| 11 | b. CITY OR TOWN (If outside | carporate limits | c. LENGTH OF STAY IN 1b | | f outside corporate limits, write | | vn) |
| | write RURAL and give nea | orest town) Md | | CALLA | WAY MARYLAND | 18 | 1 |
| - | d. NAME OF HOSPITAL OR INS | | al, give street oddress) | d. STREET ADDRESS | | e. IS | RESIDENCE |
| | | | | CATTAIN | W 2/ 1 73 WY 1 2 7 7 7 | 1 VES | A FARM? |
| = | NAME OF | 5 HOSPITAL First | Middle | Lost | | Month Doy | |
| 1, | DECEASED | | | | OF | | Year |
| - | (Type or print) JOHN | | HERBERT | PRICE 8. DATE OF BIRTH | 9. AGE (In year | FEMBER 29 S I IF UNDER 1 YEAR TIFU | 1967 INDER 24 H |
| 1, | | R OR RACE 7. MARR | | | lost birthdoy | | ours Mi |
| L | | ASIAN WIDOW | | 9/3/1883 | 84 yr | | |
| 1 | o. USUAL OCCUPATION (Give kind ring most of working life, even it | d of work done 101 | o. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Co | unty & State, or foreign country) | 12. CITIZEN OF WH COUNTRY? | AT |
| 1 | FARMER | I | PARM OWNER | ST. MARY | S MARTLANI | U.S.A. | |
| | B. FATHER'S NAME | | The second of the second | 14. MOTHER'S MAIL | | | |
| | JOHN A. | PRICE | | ROSA | ANN WHEATLE | 7 | |
| | . WAS DECEASED EVER IN U.S. A | RMED FORCES? | 16. SOCIAL SECURITY NO. 17. | INFORMANT | | ddressos W.39th | ~ + |
| | es, no, or unknown) (If yes give | | 1 = = 1 00=0 T3 | MRS. COR | INNE MILLER | TOO W. Jyth | St. |
| | 18. CAUSE OF DEATH (Ente | | 215-54-0859.11 | MILO. COL | III ALDERIC | BALTIMORE M | L BETWEE |
| | PART I. DEATH WAS CA | AUSED BY: | 101 (0), (0), ond (c).) | Tul (| HV/n nts | | ND DEAT |
| | 100 m 11 | MEDIATE CAUSE (o) | Maguar | 1 | Lugare | 0.6 | 70 |
| | Conditions, if ony, which go | DUE TO | 1/12 | 16-12 | 9. | 11/ | 16 |
| | rise to immediate couse (| 0), (DUT TO | MUY | Much | 11 | 120 | |
| | stoting the underlying cou | DUE TO | han a | 7 Donne | a land | ali A | 111 |
| | last. |) (0) | vune 1 | trill | murnig | MUMA | YV |
| 2 | PART II. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE | CONDITION GIVEN IN PART 1(0) | 19. WAY | ORMED? |
| Z | | | | | / | YES | NO NO |
| CEDITIESCATION | 20o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE | 'ING □ 20b | . DESCRIBE HOW INJURY OCCURRED | (Enter noture of injury | in Port I or Port II of item 18. |) | |
| 9 | | | | | | | |
| | | h Day Year 120 | I INTURY OCCUPATED TOO BY | | | 1 (0 1) | 10. |
| | 20c. TIME OF INJURY Month | | | ACE OF INJURY (Home, | | (County) | (Stote |
| MEDICAL | 20c. TIME OF INJURY Month | , , | | ACE OF INJURY (Home, tory, street, office bldg. | | (County) | (5101 |
| | 20c. TIME OF INJURY Month Hour o.m. p.m. | 19 W | thile Not While for | tory, street, office bldg. | etc.) | (County) | (1) (11) |
| | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that | 19 Wot | thile Not While for work of work for twork for the deceased fram_ | tory, street, office bldg. | , 1960, to 9 | 129 1967 that | وس) (۱) |
| | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that saw the deceased | 19 Wot | thile Not While for work of work for twork for the deceased fram_ | tory, street, office bldg. | etc.) | 1291967 that | وس) (۱) |
| | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that | 19 Wot | tended the deceased fram_19_19_17, and the | at death accurred | etc.) -, 19.66, ta9 atM, fram caus | 129 1967 that | وبد) (۱) |
| | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that saw the deceased 22o. SIGNATURY | 19 Wot | tended the deceased fram_19_19_17, and the | at death accurred ATTENDING D. PHYS. | etc.) , 19 ta 9 at M, fram caus | 1291967 that | وس) (۱) |
| | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that saw the deceased | (I) (this happitel) at alive on | tended the deceased fram | at death accurred D. ATTENDING PHYS. 22d ADDRESS | at, ta | es and an the late st | وس) (۱) |
| MEDICAL | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that saw the deceased 22o. SIGNATURE 22c. PHYSIMANS NAME (Type) | (I) (this haspital yet alive on PATHICK | thile of work of twork of two for work of two for work of two for work of the deceased fram. 19 7 , and the form of two for work of two for w | at death accurred a.D. ATTENDING MATTENDING | etc.) , 19 66, ta 9 atM, fram caus DIRECTOR DIRECTOR PHYS. | es and an the date st | ated at |
| MEDICAL | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that saw the deceased 22o. SIGNATURE 22c. PHYSIGNAN NAME (Type) | (I) (this hespital) at alive on PATHICK 23b. DATE (H)REOF | thile of work of two for work | at death accurred a.D. ATTENDING MATTENDING | at, ta | es and an the date st | (l) (wg |
| MEDICAL | 20c. TIME OF INJURY Month Hour o.m. p.m. 21. I certify that saw the deceased 22o. SIGNATURE 22c. PHYSIMANS NAME (Type) | (I) (this haspital yet alive on PATHICK | thile of work of twork of two for work of two for work of two for work of the deceased fram. 19 7 , and the form of two for work of two for w | nt death accurred D. ATTENDING M. 22d ADDRESS CREMATORY | etc.) , 19 atM, fram caus MED. STAFF PHYS. AT MILLS NA 23d. LOCATION (City o | Priority (County) | (I) (was a rated al |

within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

| | 1295 | DIVISION | OF VITAL R | | | OF DEATH | ORE, MAR | YLAND 21201 | 790 | 965 | |
|-----------------------|--|---|----------------------------|-----------------------------|-----------|---|------------------|------------------------------------|-------------|---|--------|
| | PLACE OF DEATH o. COUNTY | ST. MARY'S | | MARYL | LAND | 2. USUAL RESIDENCE (a. STATE MARY | Where deced | sed lived, if instituti b. COUN | on: Residen | | 1) |
| | b. CITY OR TOWN | (If autside carparate limit ad give nearest tawn) LEONARDTO | | c. LENGTH OF STAY IN | | c. CITY OR TOWN (If a | | | AL and give | nearest tawn) | |
| | | | | 13 DA | YS | RURAL | AVENU | E | | 1 & DECIDI | - L |
| | | TAL OR INSTITUTION (If n | , , , | | | d. STREET ADDRESS | | | | e. IS RESIDE ON A FAI YES X | RM? |
| | NAME OF | F | rst | Middle | | Last | 4. DATE | Mont | h | Day Year | |
| | DECEASED (Type or print) | GEORG | E | HENRY | | RAGAN | DEATH | SEPTEM | BER | 23, 196 | 57 |
| S. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | | . DATE OF BIRTH | | 9. AGE (In years | IF UNDER | | |
| M | ALE | WHITE | WIDOWED | DIVORCED | | MRCH 14,189 | 91 | last birthday | Manths | Days Haurs | Min. |
| | | N (Give kind af wark dane life, even if retired) | | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (County | & State, or fo | CAROLINA | | IZEN OF WHAT | |
| 15. | | ER IN U.S. ARMED FORCES? (If yes give war or dates | | SOCIAL SECURITY NO. | | 14. MOTHER'S MAIDEN NFORMANT B VIRGINIA | | Addre | | RYLAND | |
| | Conditions, if and rise to immedia stating the under last. | te couse (a), | TO (b) | aspi | ral | ion pn | lum | mus | | ONSET AND DE | Raps |
| ATION | | IGNIFICANT CONDITIONS | | TO DEATH BUT NOT RELA | ATED TO I | HE TERMINAL DISEASE CO | INDITION GIV | 'EN IN PART 1(a) | | 19. WAS AUTOI PERFORME YES N | |
| MEDICAL CERTIFICATION | OR CONTRIBUTING | AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DE | SCRIBE HOW INJURY OC | CURRED. | Enter nature of injury in | Part I or Pa | rt II of item 18.) | | | |
| MEDICAL | Hour a. | JURY Manth, Day, Year .m. 19 | 20d. II While at war | Not While | | E OF INJURY (Home, farrary, street, office bldg., etc | | (City ar tawn) | (Co | unty) (S | state) |
| | | ify that (1) (this hosteceased alive an_ | pital) attended | | | death accurred of ATTENDING PHYS. | MED. DIRECTOR | ta 9 24 M, from causes | and on t | that (I) (when the date stated ATE SIGNED | |
| | 22c. PHYSICIAN'S NAME (Type | | . Boyd | M. D. | | 22d. ADDRESS | EONARD | TOWN, M | RYLAN | 10 | |
| 230 | BURIAL, CREMATI | | | 23c. NAME OF CEME | | | | OCATION (City or To | , | ' '' | ote) |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundicator, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon-pagers. Pages 1 director, page 3 shauld be detached far use as the burial-transit permit. Then please remave ca Arbuld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

ALL SAINTS CEMETERY 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

SEPT.27,1967

250. REC'D BY REGISTRAR DATE SEP 2 8 1967

ST. MARY 8, MARYLAND 25b. REGISTRAR'S SIGNATURE

alvaki, ti tanyi a tanga kanalan kanal ANDREA LUCTURE TO THE TENTON OF THE PROPERTY O T. ANY S HOPPITAL 27/44 | 1/44' | HOUNDEL X 321HU 37H ANTIONAS HELICA CARRING MED VINCINIA R. SALEY AVENUE, SARVLAND The same of the sa flatterenant in Manyastalia L. L. S. V. S. V.

EURIAE JERGET, FOR ALE SAINTE CENTERNY CARLET, IT. ANY JAMPLAND

W. CLARKS -ATTINGLEY LEGISLATIONS, MARYLAND - OEP 2 & DOS STONES LINES

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and arrany event, within 72 hours after death. after executed within 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | - Av 25 2) | | | OLIVIIII | MIL | OI DEATI | | | 1 4 | 30 | D | |
|---------------|--|--|-------------------|-----------------------------|---------|----------------------------|------------------|------------------------------|------------|-----------|-------------------|---------------------|
| | PLACE DF DEAT a. COUNTY | Н | | | 1 | 2. USUAL RESIDEN | CE (Where dec | eased lived, ff In | stitution: | Residence | before ad | lmission) |
| | | St, Maryy's | | MARYLA | AND | a. STATE Max | ryland | b. cou | NTY St | .Mar | y's | |
| | write RURAL | N (If outside corpora and give nearest tow | te limits, (n) | c. LENGTH OF STAY | | c. CITY OR TOWN (II | | | | | | t town) |
| | Leonard | | | | | Damer | | | | | 18 | -/ |
| | | | | nospital, give street add | dress) | d. STREET AODRESS | | | | 1 - 0 | ON A F | ARM? |
| | | y's Hospi | tal | | | Apt.#1 | Dock's | Landin | gRoa | d | YES 🗌 | NO 🖾 |
| 3. | NAME OF TE | iplet #2 Fi | rst | Middle | | Last | 4. DATE | Mont | _ | Day | Yea | |
| | (Type or print) | Re | egina | (None | / | Snyder | DEATH | Septem | | 21 | 196 | |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO | ☐ 8. | OATE OF BIRTH | 9. | AGE (In years last birthday) | Months | R 1 YEAR | | |
| I | emale | White | WIOOWED | OIVORCED | | 9-21-1967 | | yrs. | Months | Uays | Hours | Min. |
| 10a. | USUAL OCCUPAT | ION (Give kind of work ing life, even if retire | done 10b. | (INO OF BUSINESS OR NOUSTRY | | 11. BIRTHPLACE (C | ounty & State, | or foreign country | y) 12. (| CITIZEN | OF WHAT | |
| G W I I | ing most of work | ing mo, even il letue | 4/ | MODSIKI | | St. Mary | 's Co. | Marylan | id | OUNIKI | 1 | |
| 13. | FATHER'S NAM | IE | | | | 14. MOTHER'S MAIL | | | | | | |
| | Jack Wi | ilfred Sny | der | | - 6 | Jane | Muse S | tauffer | | | | |
| 15. | WAS DECEASED | EVER IN U.S. ARMED FO | RCES? 16 | SOCIAL SECURITY NO. | 17. 1 | NFORMANT | 1436 0 | Addre | SS | | | |
| (Yes | , no, or unkown) | (If yes give war or dates o | f service) | | | Mother | | Dame | ron, | Mazz | Jand | |
| 1 | 18 CAUSE DE | DEATH (Enter only on | e cause per | The for (a), (b), and (c). | 1 | Mother | | | 2011, | | RVAL BET | |
| | | EATH WAS CAUSED BY | . / / | P P 2 2 4 P | 1 | -: 4 | U | 11. 11 | | | ET AND D | DEATH |
| | 771 | IMMEDIATE CAUSE | (a) | youra | -04 | rug. | 1/1 | 1000 | | 1- | Low | in |
| | 116 |) OUE | TO | | | | | | | | | |
| | Conditions, If gave rise to | | (b) | | | | | | | | | |
| | cause (a), s | tating the OUE | TO | | | | | | | | | |
| 2 | underlying caus | | (c) | | | | | | | | | |
| CERTIFICATION | PART II. OTHER | SIGNIFICANT CONDITION | ONS CONTRIB | UTING TO OEATH BUT NO | TRELAT | ED TOTHETERMINAL! | DISEASE CONI | DITION GIVEN IN | PART 1(a) | 19. | WAS AU PERFORI | TOPSY MED? NO |
| RTIF | 20a. ACCIDENT | WAS UNDERLYING | 20b. | OESCRIBE HOW INJURY | OCCUR | REO. (Enter nature o | f injury in Pa | rt I or Part II o | of Item 18 | 3.) | | |
| | (IF EITHER, NO | ING CAUSE OF DEATIFY MEDICAL EXAMI | NER) | | | | | | | | | |
| CAL | | INJURY Month, Oay, | Year 20d. | INJURY OCCURRED 20 | e. PLAC | E OF INJURY (Home, fa | arm, 20f. (| (City or town) | (Co | unty) | (S | tate) |
| MEDICAL | Hour a.i | | While at wor | | factory | y, street, office bldg., e | etc.) | | | | | |
| | 21. I certif | y that (I) (this hosp | oital) attend | led the deceased fro | m | , 1 | 9, to_ | | , 19 | , th | at (I) (w | e) last |
| | | ceased alive on | | 19, and | d that | death occurred at_ | M, fro | m the causes | and on | the date | e stated | above. |
| | 22a. SIGNATU | RECO | uf) | 1. Kelm | - M.D. | | MED. DIRECTOR | STAFF PHYS. | 22b. 1 | DATE SIG | ENED | 7 |
| · | 22c. PHYSICIA | IN'S | 10/ | 7000 | INI,U, | 22d. ADORESS | DIRECTOR L | ı rıııs. | 123 | - | 10 | |
| | NAME (T | Ernest | Rehm | M.D. | | Lexing | ton Pa | rk, Mary | land | | | |
| 233. | BURIAL, CREM REMOVAL (Spe BURIAL | ATION, 23b. DATE I | THEREOF 24, 196 | 23c. NAME OF CEM | | | | CATION (City, t | | | | ate) |
| 24 | FUNERAL DIRE | | | ADDRESS | UEN | town RE | C'D BY PECIS | TRAR 25h P | FGISTRAS | MARY | ATURE | Mc |
| | | | | NAROTOWN W | inarc | COWII MAD NO | on o c | 1967 9 | Cles | la (|) redal | 2 |
| 1 | W. ULARKE | WATTINGLEY | / FC | NARDTOWN N | APVI | MAID OUTE | P 7. h | INDV V | way | ((may | 1 | |

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20M f/65

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alven, Je to 1 remarks, are Zivera para renal pro unibar al lour fe . sar Indiacol a layer. Jan Regime (Youe) invoce A bir September II 657 rebunt nearlin mon TELEBRA DEM STEELST inelle de la constant Surial Sier. 24,1967 EBERGIER COME.ERY Union Michigan, Sieharte, Ma.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

A15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 19059 CERT | IFICALE | OF DEAT | H | | 120 | 67 | |
|--|------------------------|------------------------|-----------------|----------------------------------|-------------------------------|-----------|-----------------|
| 1. PLACE OF DEATH a. COUNTY | 11 | 2. USUAL RESIDEN | ICE (Where dec | eased lived, If Insti | tution: Resider | ce before | admission |
| St Marule | SAADWA AND | a. STATE M | aryland | b. COUNT | St.Ma | rvis | |
| b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) | MARYLAND STAY IN 1b | c. CITY OR TOWN (I | | | | | est town |
| write RURAL and give nearest town) Leonardtown | | Dame | | oraco minico, min | | / | 0-1 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre | reet address) | d. STREET ADDRESS | | | | a IS PE | SIDENCE |
| | cot dudicas, | | 4 | v 22 | 2 - 3 | ON A | FARM? |
| St.Mary's Hospital 2 | | Apt.#1 | | Landing | Road | YES | |
| 3. NAME DF Triplet #1 First Middle | | Last | 4. DATE | Month | Da | | ear |
| (No | one) | Snyder | DEATH | Septem | | | 67 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR | RRIED 8 | 9-21-196 | 7 9. | AGE (In years III last birthday) | FUNDER 1 YEA Ionths Days | | |
| 11020 | ORCED | | | yrs. | | | 12 |
| 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINES during most of working life, even if retired) INDUSTRY | SS OR | 11. BIRTHPLACE (| | | 12. CITIZE | | T |
| | | St. Mary' | s Co. M | laryland | 0001111 | | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAI | DEN NAME | | | | |
| Jack Wilfred Snyder | | Jane M | use Sta | uffer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1. 16. SDCIAL SECURIT | TYNO. 17. | INFORMANT | 400 000 | Address | | | - |
| (Yes, no, or unkown) (If yes give war or dates of service) | | Mother | | Damaran | Manual | d | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a | | . TO CHET | | Dameron | | ERVAL B | ETWEEN |
| PART I. DEATH WAS CAUSED BY: | allu (C). 1 | 7 4 | 1 11 | | 01 | ISET AND | DEATH |
| 1 MMEDIATE CAUSE (a) | 1 alle | 7-1 | M | co | 1- | -2-2 | n |
| DUE TO | | / | | | | | |
| conditions, If any, which gave rise to immediate (b) | | | | | | | |
| cause (a), stating the DUE TD | | | | | | | |
| underlying cause last. (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E | BUTNOTRELAT | ED TO THE TERMINAL | DISEASE COND | ITION GIVEN IN PA | RT1(a) 19 | PERFO | UTDPSY RMED? |
| 0 | | | | | | ES 🗌 | ND 🗸 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | INJURY DCCUR | RED. (Enter nature o | of Injury In Pa | t I or Part II of | Item 18.) | | |
| | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE | | E OF INJURY (Home, f | | City or town) | (County) | | (State) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a.m. While Not While at work at work | Tactor, | ,, sa cet, omee blug., | 010.7 | | | | |
| 21. I certify that (I) (this hospital) attended the decease | ed from | 1 | 19 to | | , 19, | that (I) | (we) last |
| saw the deceased alive on19 | | death occurred at | -, | m the causes at | | | |
| 22a. SIGNATURE | dia that | acath boodined at | 111, 110 | | 22b. DATE S | | d dbove. |
| 5 must 01. 101 | M.D. | ATTENDING PHYS. | MED. | STAFF PHYS. | 206 | , 6 | 7 |
| 22c. PHYSICIAN'S | M.D. | 22d. ADDRESS | DIRECTOR L | PHIS. | 3 09 | | |
| NAME (Type) Ernest Rehm M.D. | | Lexin | gton Pa | ark, Mary | land | | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME D | DF CEMETERY | DR CREMATORY | | ATIDN (City, tow | | (5 | State) |
| REMDVAL (Specify) | EZER CE | METERY | | | | | A.4. |
| | Seonard | | C'D BY REGIS | TRAR 25b. REG | ISTRAR'S SIG | NATURE | MD. |
| W. CLARKE MATTINGLEY LEONARDTOWN | | | | 1967 | 711 | 0 | |
| LEUNARDIOWI | IVIDEY | LAND DATE | DEF 40 | 1001 | Marie | 4 704 | PSC. |

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a figuration of os alla Drom emianal a \can El. a ALL STREET STREET To redrieve the religion record New Jin Man ban Symmet, morrows Lexisopton Fark, expland THESE TRANSPORTS SURFACE SELECTION SER USET NO. WEAT MILES, ST. MARY E, THE. -CLARKE MATTHOUGH LEGUARDTOWN, FARYLAND. - SUR -- LANGE MATTHEOLOGICAL STREET

funeral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 20M I MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12980 CERTIFICATE OF DEATH

| CENTITION | IL OF DEATH | 12968 |
|--|--|-------------------------------|
| 1. PLACE DF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: I a. STATE b. COUNTY | Residence before admission) |
| St.Mary's MARYLAND | Maryland St | .Mary's |
| b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1 | b c. CITY OR TOWN (If outside corporate limits, write RURAL | and give nearest town) |
| Leonard Lown | Dameron | 18-1 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres | | e. IS RESIDENCE ON A FARM? |
| St.Mary's Hospital | Apt.#1 Dock's Landing Road | d YES NO NO |
| 3. NAME DF Triplet #3 First Middle (None) | Snyder 4. DATE Month DF DEATH September | Day Year 21 19 67 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 1.8 DATE OF BIRTH 19 AGE (In years LIFTINDER | |
| Female White WIDOWED DIVORCED | 9-21-1967 last birthday) Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. C | ITIZEN OF WHAT |
| during most of working life, even if retired) INDUSTRY | St. Mary's Co. Maryland | OUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Jack Wilfred Snyder | Jane Muse Stauffer | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. (Yes, no, or unkown) (If yes give war or dates of service) | 7. INFORMANT Address | |
| (11 yes give war of dates of service) | Mother Dameron, Max | ryland |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1 | . 4 | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | unty - 4 Min | ONSET AND DEATH |
| 77/ | | |
| Conditions, If any, which | | |
| gave rise to immediate | | |
| cause (a), stating the DUE TO | | |
| underlying cause last. (c) | | 140 1140 41170004 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RI | ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CURRED. (Enter nature of Injury In Part I or Part II of Item 18 | 3.) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P | | unty) (State) |
| Hour a.m. While Not While | ctory, street, office bldg., etc.) | |
| | | |
| 21. I certify that (I) (this hospital) attended the deceased from_ | | , that (I) (we) last |
| | hat death occurred atM, from the causes and on t | |
| 22a. SIGNATURE (Smelf) / lehm | ATO. ATTENDING MED. STAFF DIRECTOR PHYS. | Seg (7 |
| 22c. PHYSICIAN'S NAME (Type) Ernest Rehm M.D. | 22d. ADDMESS Lexington Park, Maryland | / |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE | | |
| BURIAL SPECIFY SEPT. 24. 1967 EBENEZER | | ARY'S, MD. |
| 24. FUNERAL DIRECTOR Mattingly's ADDRISEONAL | Coun, Mesa. REC'D BY REGISTRAR 25b. REGISTRAR | 'S SIGNATURE |
| W. CLARKE MATTINGLEY LEONARDTOWN, MARYL | AND DATE | 00 |

7-252610

alvial.ic busiyes abutan at 8 neof without sec. - Leolits Lander row. Lucigani a 'what.sa reduction a notion of the a original olego. TALL- III-TO WIE DOTELLIN BORN 14100 BEINGS . SET SHEET Brul gar, was to renime. . A. Marie Tesar DREAT MILLE, ST. MARY S. M. J. URIAL SEPT.2 , 1957 CRECERY al vientital state of the state E. ANRICE ON TIMEER PROTORN, MARYLING

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12961 CERTIFICATE OF DEATH

| _ | | | | | | | | | | | |
|---------------|-----------------------------|---|-------------------------|----------------------------|---|----------------|--------------------|---------------------------------|----------------------|-------------|-----------------|
| | PLACE OF DEATH | | | | 11 | RESIDEN | CE (Where d | | Institution: Resider | ce before e | dmission) |
| | | MADVC | | MARYLAND | e. STATE | TEN ABOVE | | b. COUN | CIM | | |
| _ | b. CITY OR TOWN (if | MARYS outside corporete limits | | c. LENGTH OF STAY IN 16 | | PIOWN | | norste limite welte | ST. MARY | | (n) |
| | | give nearest town) | | a. a.a. totti or ara in in | | K 10 1114 (I | ii ouiside corj | porere minis, write | KOKAL end give | Heatest tow | 11) |
| | LEONARD | | | | | ARDTO | WN | | | - / | 8-1 |
| | d. NAME OF HOSPITA | AL OR INSTITUTION (if | not in hospi | tal, give street eddress) | d. STREET ADDRESS o. IS RESID ON A F. | | | | | | |
| 100 | ST. MARYS | NURSING W | OME | | | | | | | YES T | NO T |
| 3. | NAME OF | First | 0 1 1 1 | Middle | Last | | 4. DATE | Month | Dey | Yea | |
| | DECEASED (Type or print) | TANKING A | | 36.436 | | AT H | OF | | | 4.0 | |
| F | SEX | EMMA | | MAY | STEWART | | | SEP | | 19 | 67 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRT | н | | P. AGE (In years last birthdey) | Months Devs | Hours | 24 HRS. |
| | FEMALE | WHITE | WIDOWED | DIVORCED [| 5/10/18 | 82 | | 85 угз. | Monnis Days | 110013 | Trunt. |
| 100 | . USUAL OCCUPATION | ON (Give kind of work king life, even if retired | O OF BUSINESS OR INDUST | | | nty & State, o | foreign country) | 12. CITIZEN C | OF WHAT | OUNTRY? | |
| 00 | HOUSEWIFE | wing me, even it relifed | | MESTIC | 10 10 | W YOR | V | | TICA | | |
| 13. | FATHER'S NAME | | 1 | TIMO I I O | 14. MOTHER | | | | USA | | |
| | TINE | CHOWN | | | | UNKNO | | | | | |
| 15. | | R IN U.S. ARMED FORCE | ES? 16, 50 | OCIAL SECURITY NO. 17. | | OUVINO | MYA | Address | | | |
| | s, no, or unkown) (If | yes give wer or dates of ser | | | | | | 521 I | . TULARD | ST. | |
| | NO | | | 56 1162 J1 | MRS. R | UTH S | TEWART | - ARLIN | GTON . VA. | | |
| | | EATH [Enter only one of | | | | | | | IN | TERVAL BET | |
| | | MAS CAUSED BY: | 7 | Endeac a | leun | pe | usex | cón | | | ~ |
| | 4221 | DUE TO | | 0 | | | | - | | | |
| | Conditions, if any | | - | Sordiae o | lerox | iè i | CVO | lucas | c / | our | |
| | geve rise to Immedia | te ceuse | | | | | | | - | | |
| | (e), steting the un | derlying DUE TO | | | | | | | | | |
| | ceuse lest. |) (c)_ | | | | | | | | | |
| NO | PART II. OTHER | SIGNIFICANT CONDITI | ONS CONT | RIBUTING TO DEATH BUT N | - / | | | | EN IN PART 1(a) | | UTOPSY RMED? |
| CERTIFICATION | | | 4 | Reselval | The | and | bouri | | | YES T | NOTE |
| H | 20e. ACCIDENT WA | | 20b. DESC | RIBE HOW INJURY OCCUR | RED. (Enter nature | of injury in | n Pert I or Par | t II of item 18.) | | | |
| L CER | (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | |
| Š | 20c. TIME OF INJUR | Y Month, Day, Yeer | 20d. IN | | ACE OF INJURY office | | | ly or town) | (County) | | (Stete) |
| MEDI | Hour e.m. | 19 | et work | et work | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | " | | | | |
| | | at (I) (this hospita |) attende | ed the deceased from | 9/1 | | 19.6.5 to | 9/7/ | , 19.67, | that (I) | we) last |
| | saw the decease | ad alive on | 6 | 19.67, and tha | t death occur | red at | M, from | n the causes | and on the da | te stated | above. |
| | 22e. SIGNATURE | 10 0 | - | 1 | 1 | | - MA | 400 | | | DATE |
| | 1 | May In | my V. | uer | M.D. PHYS. | | MED. DIRECTOR [| STAFF PHYS. | 9/7 | /67 | SIGNED |
| | 22c. PHYSICIAN'S | | | | 22d. ADI | - | | | 71.1 | | |
| | NAME (Type) | J. Roy G | uvther | | ME | CHANT | CSVILL | E, MARYLA | ND | | |
| 22 | RIPLAL CREMATIC | ON, 23b. DATE THERE | | 23c. NAME OF CEMETERY | | | | ATION (City, to | | /5 | tote) |
| 23 | PENOYAL (Specify) | 9/7/67 | | 200, TOTAL OF CEMETER | OR CREMATOR | | | | | | |
| 1 | 100 | 3/3/0/ | / | | | 1 | | | -PITTSBU | | • |
| 2/ | THISERAL DIRECTOR | spretelle | | ADDRESS | | 25a. REC | O'D BY REGIS | - 100 | GISTRAR'S SIGNA | TURENDA | No. |
| 1 | JOHN M. W | ELCH- LEONA | LEDTOW | N, MARYLAND | | DATE (| SEP 1 | 1 1967 | 1 | | |
| - | | | | | | | 161 | | | | |

VR A15 (4) 20M 5-63

BENGER STORES Section 1 1 930 to a continue of the section of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

6

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14463

| 1. | PLACE OF DEAT | н | | | | NCE (Where deci | eased lived, If institut | ion: Resid | ence before admission) |
|---------------|--|--|----------------|----------------------------|------------------------------|------------------|--------------------------|------------|------------------------------------|
| | u. ocomii | St. Mary | S | MARYLANO | a. STATE Mar | ryland | b. COUNTY | St. | Mary's |
| | b. CITY OR TOW | N (if outside corporate I and give nearest town) | imits, c | LENGTH OF STAY IN 1 | | | orate limits, write R | | |
| | | .eonardtown | | | Rur | ra1 - N | Mechanics | vil' | le /8-/ |
| | d. NAME OF HO | SPITAL OR INSTITUTION (| if not in hosp | oltal, give street address | s) d. STREET AODRES | S | | | e. IS RESIDENCE ON A FARM? |
| | S | t. Mary's | Hospi | tal | Ger | neral l | Delivery | | YES XX NO |
| 3. | NAME DF DECEASED | First | | Middle | Last | 4. DATE | Month | | Day Year |
| | (Type or print) | | | | Stoltzfus | DEATH | Septembe | | |
| 5. | SEX | 6. COLOR OR RACE 7. | MARRIED _ | NEVER MARRIED | 8. OATE OF BIRTH | 9. | last birthday) Mon | NDER 1 YE | Hours Min. |
| | emale | | WIOOWEO [| DIVORCEO | 9-30-67 | | yrs. | | |
| dur | ing most of work | ION (Give kind of work don ing life, even if retired) | e 10b. KINI | D OF BUSINESS OR USTRY | 11. BIRTHPLACE (| | or foreign country) | COUN. | |
| 10 | CATHEDIO MAI | | | | Maryla | and | | U | .S. |
| 13. | . FATHER'S NAM | | | | 14. MOTHER'S MA | | | | |
| 15 | | 1 S. Stolt | | | | S. Her | | | |
| | | EVER IN U.S. ARMED FORCI (If yes give war or dates of ser | | CIAL SECURITY NO. 1 | 7. INFDRMANT | | Address | | |
| | | | | | Mother | Mech | nanicsvil | 1e. | Maryland |
| | | DEATH [Enter only one ca | use per line | ofor (a), (b), and (c).] | 1 | | | 1 11 | NTERVAL BETWEEN DNSET AND DEATH |
| | PARI I. UL | EATH WAS CAUSED BY: IMMEDIATE CAUSE (a). | Ald | poraton | Jackere | | | | 5 hue. |
| | 7613 | DUE TO | all | , . / | 0, 1 | | | | |
| | Conditions, If | | 119 | ruesko pe | lacemya | | | | |
| m | gave rise to cause (a), si | OUE TO | | | | | | 1 | |
| > | underlying caus | (6). | | | | | | | |
| T10 | PART II. OTHER S | SIGNIFICANT CONDITIONS | CONTRIBUTI | | | L OISEASE CONC | DITION GIVEN IN PART | 1(a) 1 | 9. WAS AUTOPSY PERFORMEO? |
| FICA | Children Co. | Frema | | | verking | | | | YES NO P |
| CERTIFICATION | 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO | WAS UNDERLYING DING CAUSE OF DEATH TIFY MEDICAL EXAMINER | 20b. DES | CRIBE HOW INJURY OF | CURREO Enter nature | of injury in Pa | rt I or Part II of Ite | m 18.) | |
| AL | | INJURY Month, Day, Yea | 1 | JRY OCCURRED 20e. F | LACE OF INJURY (Home, | farm, 20f. (| City or town) | (County) | (State) |
| MEDICAL | Hour a.r | | While | Not While far | ctory, street, office bldg., | etc.) | | | |
| × | 21 f cortif | y that (I) (this hospita | at work [| | SERT 26 | 10 /4 40 | SENT ON | 10 67 | that (I) (wa) lost |
| | caw the de | ceased alive on | PT 3 | 0 10 67 and the | ast death occurred at | 12 2 th fro | m the causes and | on the | avode hateta atel |
| | 22a. SIGNATU | | 1 | alla ti | iat death occurred at | 74 Aur. 110 | | b. DATE | |
| | 11 | Eliane 9. | Mu | mel un | A.O. PHYS. | MED. OIRECTOR | STAFF PHYS. | | |
| | 22c. PHYSICIA | N'S | // | | 22d. AODRESS | 0111201011 | J 111101 1237 | | |
| | NAME (T) | William C | . Myst | ford, M.D. | Mechani | csvil1 | e, Maryl | and | |
| 23a | | ATION, 23b. DATE THE | REOF : | 23c. NAME OF CEMETE | RY OR CREMATORY | 23d. L00 | CATION (City, town | or county |) (State) |
| | Purial Spi | Oct. 11 | 967 | Stoltze | us Cemetes | y Mec | haniesvi | lle: | Md. |
| 24 | . FUNERAL DIRE | CTOR | . 1 | ADORESS | 25a. R | EC'D BY REGIS | TRAR 25b. REGIS | | CNATURE |
| V | V.Clask | eNatting | ey he | congrettown | NIA DATEC | 116 18 | 961 Julia | res | Judge |

VR AI5 (4) 20M 1/65

Maryiana _______________________ elyadh .g = medinana. alliva insmost - famul Et. Hary's Hospital General Usilvery CE NAME TO SELECT SUPSTICE remaie White Elww To make the second of the seco est the transfer of the transf Samuel S. Stoitzfus reispien . Z sinya Rother J. Machaniasville, New lend THE RESERVE OF THE PARTY OF THE THE REST OF THE PROPERTY OF TH william w. Muiford, M.S. Medmanicsville, Maryland

12963

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

| # 45/81) | - | PLACE OF DEATH | | | | | 2 USUAL RESIDENCE (| Where deceased lived, i | f institution: Resi | denre hefore | odmission) |
|--|---------|---------------------|--|-------------------|-----------------------------|-----------|---------------------------------|----------------------------|---------------------|--------------|----------------------------|
| death | | COLINITY | . MARY'S | | MARY | LAND | o. STATE MARY | | b COUNTY | ST. MAR | |
| y the furnishments of the furnishment of the furnis | | b. CITY OR TOWN | If outside corporate limits | 5, | c. LENGTH OF STAY II | | | utside corporate limits, v | | | |
| 24 hours ofter ed in by the furpers. Pages 1 172 hours offer | | write RURAL an | d give nearest tawn) TOWN | | 12 DAYS | | RURAL | LEONARDTO | | | 18- |
| ho in k ers. 2 ho | | d. NAME OF HOSPIT | AL OR INSTITUTION (If no | nt in hospital, g | | | d. STREET ADDRESS | | | 6. | IS RESIDENCE ON A FARM? |
| n 24 ho lled in papers. iin 72 ho | 6 | ST. | MARY S HOSP | ITAL | | | ROUTE 2 | Box 46 | | y E | |
| = - | 3. | NAME OF DECEASED | Fir | rst | Middle | | Lost | 4. DATE | Month | Doy | Year |
| | | (Type or print) | ELIZA | | Lucy | | TIPPETT | | EPT. | 30, | 19 68 |
| comp ove y eve | | SEX | 6. COLOR OR RACE | 7. MARRIED | | | 8. DATE OF BIRTH | 9. AGE (In lost birt | | | Hours Min |
| and cor remov | | EMALE | WHITE | WIDOWED | DIVORCED | | JAN. 26, 1905 | 62 | yrs. | CITIZEN OF A | AULAT |
| n ar | | | (Give kind of work done life, even if retired) | | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (County | & Stote, or foreign count | " | COUNTRY? | VHAI |
| physicion on please oval, and it | 13 | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | MARYLA! | ND L | J.S.A. | |
| phy en ova | | | OHN FRANK M | backs | | | | | | | |
| ing ph Then remove | 15. | WAS DECEASED EVI | R IN U.S. ARMED FORCES? | 16. 9 | OCIAL SECURITY NO. | 17. 1 | INFORMANT | A MORGAN | Address | | |
| ne death cel ottending p permit. The | (y | es, no, or unknown) | (If yes give wor or dotes o | f service) | | Jos | B. RAYMOND T | IPPETT | SAME AS | 12 | BOVE |
| | | | EATH (Enter only one cou | se per line for | (o), (b), ond (c).) | | | | | INTER | VAL BETWEEN |
| cion. d by the | | | TH WAS CAUSED BY: IMMEDIATE CAUSE | (o) | acuto | Ca | cleration | Pailure | | ONSE | T AND DEATH |
| M II TO I S | | 4200 | DUE | TO | | | 0 -0 | 1 1 | 0 | | |
| physic physic signec buriol buriol | | Conditions, if ony | e couse (a) | (b) | artu | OR | cleralis | hearld | ucey | 10 | year |
| De an o | | stoting the unde | rlying couse DUE | 10 | | | | | | 1 | |
| e low tendir s bee os th prior t | | | CHIEFCANT CONDITIONS O | ONTRIBUTING T | O DEATH DUT NOT DEL | ATED TO T | THE TERMINAL DISEASE CO | NOTION CIVEN IN DADT | 1/0) | 110 W | VAS AUTOPSY |
| the off has has the plan in p | CATION | .0. | O O O | PLO | O DEATH BOT NOT KEE | 720- | O - O - Z | - Lela- | 1(0) | YES | ERFORMED? |
| AN: ol or icate for u | LL. | 20o. ACCIDENT WA | S UNDERLYING | 20b. DES | CRIBE HOW INJURY OC | CURRED. | (Enter not re of injury in | Port I or Port II of item | n 18.) | 713 | |
| D - 12 4 | CERT | | CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | 100 | | |
| PHYSIC ne hospi his cert etached Dept. o | MEDICAL | | URY Month, Doy, Yeor | 20d. IN | JURY OCCURRED | | CE OF INJURY (Hame, farn | | town) | (County) | (Stote) |
| VG the | ME | p. | 10 | at wark | Not While at work | 10010 | ory, street, office bldg., etc. | | | | |
| Afte Afte e Ste | | 21. I certi | fy that (1) (this has | pital) attend | ed the deceased | fram | | 949, to 5. | apt 391 | 967, tha | (I) (we) I |
| OR: OOR: Noull | | saw the d | eceased alive an | Sept | 30 19601,0 | ind that | t death accurred at | M, tram c | | | |
| R A SECTOR 3 SECTOR WITH | | 220. SIGNATURE | deix | 11/12 | -0 | M.D | ATTENDING PHYS. | MED. STA | FF | DATE SIGNED | -1-7 |
| y be y be one of the original | | 22c. PHYSICIAN'S | 1000 | | 9 | 711.0 | 22d ADDRESS | | | y / | 1 |
| HOSPITAL rige 4 moy FUNERAL rector, pag bould be fi | 1 | NAME (Type | WILL | AM (|) 130Y | 0 | | LEUNAR | DIOWN | | 10 |
| Page 4 r Page 4 r O FUNER director, | 230 | BURIAL, CREMATIC | ON, 23b. DATE THE | REOF | 23c. NAME OF CEME | TERY OR | CREMATORY . | 23d. LOCATION (Ci | ity or Town) | (County) | (Stote) |
| Page direct | L | BREMOVAL (Specify | 401000 | R 4,196 | | D HEA | ART CEMETER | BUSHWOO | D.ST.MA | RY B. | MARYLAN |
| VR A15 (4) | | . FUNERAL DIRECTO | | | ADDRESS | | 0.0 | D BY REGISTRAR | 25b. REGISTRAR | S SIGNATURE | uder. |
| 25M 1/67 | W | .CLARKE | MATTINGLEY | LEONAF | DTOWN, MAI | RYLAN | DATE O | 1 3 1301 | | - | 0 |
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| e Yaki .Ta | 0.7.20 | | 7 YHAN . 18 |
| | Ponts Leagueons | myAc St | |
| x dollar | Route 2 Box 16 | JAY | St. MARY'S HOBES |
| 100 | 771461 | жу жэвд этд | ELIZAB |
| | JAN. 26, 1905 62 FM | | THINK SAME |
| , A, a, b | DICAJI OTAN | | |
| | HARRON ADI | MADE | JOHN PRAIR MY |
| STORA S T SA 3 | co. (Aytone Figurett | | |
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| 74.0 | Fa F NASSA | BYSET U. P | ALMILOU TE |
| THE JONAL & TYPAY. | сант Самствич Вивниось, S | 4,1967 Stores H | AMARIA DETORNA |
| | AND | STANK, WETGRANDS. | J VZZONITRAV SHRAJO,VIT |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12964

CERTIFICATE OF DEATH

12970

| 1. PLACE OF DEATH 0. COUNTY | | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY ST. MARY s c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | |
|--|--|---|-------------------------|-----------------------------|---|--|--------------------------------|-----------------------------|--|
| ST. MARY'S MARYLAN | | | AND | | | | | | |
| | | | C. LENGTH OF STAY IN 16 | | | | | | |
| | | | | | RURAL LEONARDTOWN 19-1 | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | | | d. STREET ADDRESS MEDLEY'S NECK e is residence on a farm? yes of no | | | | |
| ST. MARY S HOSPITAL | | | | | | | | | |
| | NAME OF DECEASED (Type or print) | First | | Middle Middle | , | Young 4. DATE Month Doy Year OF SEPTEMBER 20, 19 67 | | | |
| | SEX | | . MARRIED | NEVER MARRIED | ☐ B. | DATE OF BIRTH | 9. AGE (In years IF UND) | ER 1 YEAR IF UNDER 24 HRS | |
| Λ | MALE | NEGRO | WIDOWED | DIVORCED | M | 4 8, 18 | 87 80 ost birthdoy) Months | Doys Hours Min. | |
| 10o duri | . USUAL OCCUPATION ing prost of working FARM I NG | (Give kind of work done life, even if retired) | | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (County & ST. MARY S, | | COUNTRY? | |
| 13. FATHER'S NAME | | | | | | 14. MOTHER'S MAIDEN NAME | | | |
| ROBERT YOUNG | | | | | | MARTHA LEE WILLIAMS | | | |
| | WAS DECEASED EVE | R IN U.S. ARMED FORCES? | | SOCIAL SECURITY NO. | 17. IN | FORMANT | Address | - Maria - 1 - 1 - 1 - 1 - 1 | |
| (Ye | es, no, or unknown) | (If yes give wor or dotes of s | ervice) 21 | 7-36-6746 | Jos | PHILIP YOUN | G LEONARDTOWN, | MARYLAND | |
| () | IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) | | | | | | | INTERVAL BETWEEN | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Caralac facture | | | | | | | ONSET AND DEATH | |
| | 4221 DUE TO Q C = ((C) | | | | | | | | |
| | Conditions, if ony, which gove) (b) (arking - Vaseullas 181 selections | | | | | | | | |
| | rise to immediate couse (a), stoting the underlying couse DUE TO | | | | | | | | |
| А | last. | riving couse (c) | | | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP | | | | | | | | |
| NO. | PART II. OTHER SIGNIFICANT COMMITTIONS CONTRIBUTING TO DEATH BUT NOT RECALED TO THE TERMINAL DISEASE COMMITTION GIVEN IN PART 1(0) | | | | | | | PERFORMED? | |
| 2 | OD. ACCIDENT WAS IMPERIATION OF | | | | HDDED / | inter nature of injury in De | and I as Dank III of Same 10) | YES NO L | |
| L CERTIFICATION | 206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRED. (I OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | enter noture of injury in Po | on For 11 of Hem 18.) | | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 2Dd. INJURY OCCURRED While of work of work of work | | | | | OF INJURY (Home, form, ry, street, office bldg., etc.) | 20f. (City or town) | County) (Stote) | |
| | 21. I certify that (I) (this haspital) attended the deceased fram 3/10, 1957, to 20, 1967, that (I) (we) lass saw the deceased alive an 2/1967, and that death occurred at M, fram causes and on the date stated obove | | | | | | | | |
| | 220. SIGNATURE LAST STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRE | | | | | | | | |
| | 22c. PHYSICIAN'S NAME (Type) CHARLES GREENWELL M. D. 22d. ADDRESS LEONARDTOWN, MARYLAND | | | | | | | | |
| 230 | BURIAL, CREMATI | ON, 23b. DATE THERE | OF | 23c. NAME OF CEMETI | RY ORC | REMOVER | 23d. LOCATION (City or Town) | (County) (Stote) | |
| | BURTAL SEPT. 23, 1967 OUR LADYS | | | | | | MEDLAY'S NECK ST | MARY S. Mo | |
| 24 | . FUNERAL DIRECTO | | ,,,,,, | ADDRESS | 0 01 | 2So. REC'D | BY REGISTRAR 25b. REGISTRAR | S SIGNATURE | |
| V | V.CLARKE | MATTINGLEY | LEONA | RDTOWN MARY | LAND | DATE S | EP 25 1967 ACC | carles Judge | |
| | | | | | | | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 25M 1/67

elyan . 73 ST. JAN . TE HINTERNICES MARKET CONTRACTOR S Antica lyon . n PILLE SAMOIS STREET YOUR EDG. 15 TEST 15 THE TOTAL OF THE PARTY AND THE PA s v . Selected by the second selection of the DEALYSAIL FOR THE PROPERTY OF THE TANK OF THE PROPERTY OF TH BARTIEL CAPTER AND THE CAPTER OF THE CAPTER

CANALOGUS PROGRESSIONAL VESTER LETAY ENGALO.W